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LECTURE.

*WHAT A NURSE SHOULD KNOW ABOUT POISONS AND ANTIDOTES.**

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FEW words in the language inspire more horror by their simple mention than the word poison. Gross carelessness, shame or guilt, perhaps suffering, an untimely end, are thoughts which rise to the mind in connection with the tragic event. These ideas are unconsciously imbibed by almost every one in the days of childhood. A little boy of the speaker's acquaintance is so profoundly impressed by what he has heard of the poisonous properties of certain medicines that no temptation could induce him to investigate the mysteries of the family medicine-closet. On the other hand, ignorant people are sometimes so reckless as to swallow, on a wager, little pills containing strychnine, and even educated people have been careless enough to partake, in the dark, of the contents of some bottle. Such instances are, however, exceptional. Poisoning is generally the result of some unfortunate mistake or a suicidal attempt.

Poisons differ very much in the nature and in the rapidity of their action. Some take life almost instantaneously, while in many an interval of several hours elapse before death or recovery takes place. The fatal dose also varies within wide limits. Some substances are fatal in fractions of a grain; others are harmless in the doses in which they are ordinarily given, but become dangerous when taken in excessive amounts. Many produce anatomical changes which remain after the primary effects have been recovered from, and these consequences may eventually prove fatal.

Poisons are derived from various sources. Some are inorganic or mineral; others are organic and derived, for the most part, from the vegetable world. As regards form, some are solid, others liquid, while a third variety consists of gases which are injurious when inhaled.

The most elementary knowledge of chemistry acquaints us with a broad distinction of properties between acids and alkalies. Everyday experience, in fact, teaches us that acids are sharp, sour to the taste, set the teeth "on edge," and "eat," corrode, or burn substances upon which they are poured. Lemon-juice and vinegar may be taken as familiar examples of acids. Acids—sour-stuffs, as the Germans call them—may be derived from the organic or inorganic kingdoms. Those from the former source are termed vegetable acids; those from the latter are known as mineral acids. Vegetable acids are generally weaker and therefore less poisonous than mineral acids. Poisonous vegetable acids are acetic, oxalic, and carbolic. Poisonous mineral acids are nitric, sulphuric, phosphoric, hydrochloric, arsenious, chromic, etc.

Alkalies are harsh, saline, and somewhat bitter to the taste. Common examples of alkalies are table-salt, saleratus, washing-soda, whitewash, etc. Every one knows by experience that concentrated alkalies, such as quicklime, caustic soda, potash, or ammonia are as destructive as acids.

The union of an acid and any of the metals

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(for the alkalies are classified among the metals) constitutes what in chemistry is called a salt. The properties of both acid and metal are modified by the union, and salts are generally less injurious than their component parts.

This brief and cursory allusion to the chemical constitution of two large groups of poisons leads us naturally to a recognition of the nature of an antidote. An antidote is a substance which has the power of counteracting a poison. It may counteract a poison in one of two ways,—either directly by combining with it to form an innocent or, at least, less harmful body, and such a substance is known as a chemical antidote; or, indirectly by opposing its effects, under which circumstances it is known as a physiological antidote.

Now, in cases of poisoning from acids, whether vegetable or mineral, a general rule of treatment is to administer a weak alkaline solution, which acts as a chemical antidote and neutralizes the acid. When poisoning is due to an alkali, a general rule of practice is to give a weak acid, that is, a vegetable acid which, as a chemical antidote, neutralizes the alkali. And whether the poison has been caused by an acid or an alkali, each of which is corrosive to human tissue, it is proper to give bland, soothing, demulcent liquids which sheathe, protect, and soothe the mucous membrane.

I have thus led you, in a few steps, to the principles which must govern us in the treatment of cases of poisoning. As regards the more complex vegetable substances, we are, for the most part, compelled to rely upon the indirect or physiological antidotes. You all know the common vegetable poisons,—opium, belladonna, nux vomica, aconite, digitalis, conium or hemlock, etc. In many vegetable products the injurious properties are found to be concentrated in a body or bodies, known as active principles, which represent the toxic energy of the plant. Many active principles are what chemists term alkaloids, that is, they resemble alkalies in combining with vegetable or mineral acids to form salts. Thus, the poisonous properties of opium mainly depend upon the presence of the alkaloid morphine; belladonna upon atropine; nux vomica upon strychnine, etc. Some of these alkaloids can be partially neutralized by chemical means. As a rule, however, we must rely upon physiological antidotes in cases of poisoning by vegetable substances or their active principles.

Having furnished you with the key to the chemical classification of poisons, the next practical observation which arises from a survey of the subject is, that poisons may be advantageously classified in accordance with their effects. One great group of substances is characterized by its irritant effects, a second by its narcotic influence, a third by the production of convulsions. Certain poisons, again, expend their chief action upon the heart.

Let us first study the symptoms common to irritant poisons. To this group belong strong acids, viz., acetic, hydrochloric, nitric, oxalic, phosphoric, and sulphuric acids. Carbolic acid may also be conveniently included in this group, though its action is more complex. The poisonous alkalies are caustic potash, soda, lime, and ammonia. Most other metals are also irritant poisons, as, for example, antimony, arsenic, copper, mercury, silver, and zinc. Phosphorus belongs to the same group. Certain vegetable derivatives are energetic irritants. Among these are colchicum, croton-oil, savin, and oil of turpentine. Cantharis is to be ranked among the irritant poisons.

Similar symptoms are produced by all these substances. From a consideration of the symptoms alone, in the absence of any information, we should often be left uncertain as to the nature of the poison. The presence of a labeled bottle, the confession of the sufferer, or some other circumstance usually, however, enables us to correctly decide the doubt. Remember, also, that some of these substances leave visible traces of themselves upon the lips or in the mouth. Sulphuric acid leaves a black stain upon these parts; nitric acid communicates a yellowish hue; carbolic acid leaves behind it evidences of its corrosive action, and imparts its characteristic odor to the breath. If a strong solution of ammonia, or "spirit of hartshorn," has been swallowed, its odor may be detected, and the same remark applies to turpentine.

The general symptoms of poisoning by an irritant or a caustic are: Pain along the entire tract over which the substance has passed. The pain is of a severe, hot, and burning character. It is felt in the mouth, œsophagus, stomach, and intestinal tube. The victim writhes in extreme agony, groans, weeps, or cries aloud. Painful vomiting occurs, and the vomited matter is often stained with blood. When the

poison has passed from the stomach into the intestine, the inflammation which it excites leads to the passage of stools containing mucus and blood. The destruction of the mucous membrane exerts a powerfully depressant action upon the nervous system and upon the heart. The patient rapidly loses strength. An expression of pain and anxiety is stamped upon the face. The pulse is weak and thready. If life be sufficiently prolonged, the kidneys are damaged. The urine becomes scanty, albuminous, and bloody. In poisoning by carbolic acid, the urine acquires an olive-green tint. The vomited matter, and even the stools, of those who have taken phosphorus are sometimes luminous in the dark.

In case of poisoning by an acid, a weak alkaline solution or mixture should be at once administered, such as lime-water, powdered magnesia stirred into water, solution of carbonate of potassium or sodium, or of soap, which is at once an antidote and a demulcent. Emetics are not usually necessary or advisable, since the irritation of the poison causes evacuation of the stomach, and, until neutralized, the rejection of the irritant can but produce the same effect in kind, if not in degree, as when swallowed. Again, acids corrode or soften the coats of the stomach, and rupture of that organ might be occasioned by injudicious efforts to produce vomiting. In addition to the chemical antidote, it is of assistance to give milk, eggs, butter, and olive-oil, or flax-seed-tea, which soothe and protect the mucous membrane.

Poisoning by alkalies demands the use of weak acids, such as vinegar and lemon-juice, which are always, or nearly always, at hand. Here, also, demulcents are required, and milk, flour and water, eggs, butter, and olive-oil fulfill the same purpose as when the accident is due to an acid.

When carbolic acid has been taken, the best antidotes are the sulphate of magnesium (Epsom salt) or the sulphate of sodium (Glauber's salt). These substances are furthermore of advantage, by causing free evacuation of the bowels and the removal of the poison from the intestinal tract. If the salts which I have named be not speedily obtainable, the weak alkaline preparations already named as suitable in poisoning from other acids should be used, together with, as before, albumen in the form of milk or flour and water. Oils, however, should not be given after carbolic acid, as they assist its absorption into the circulation. Besides the symptoms which it shares with other irritant poisons, carbolic acid, like coal-tar products in general, exerts a special action upon the nervous system. It contracts the pupils and affects the functions of the brain and spinal cord.

Poisoning by antimony generally occurs from an overdose of the preparation known as tartar emetic. Here we have an antidote in tannic acid, which renders the metal insoluble. Albumen and demulcents are useful assistants to the direct treatment.

Arsenical poisoning is usually due to swallowing white arsenic (arsenious acid) or to some preparation into which arsenic largely enters, such as "Rough on Rats." In some cases, instead of the usual symptoms which I have described, the patient is thrown at once into a condition of coma, as if he had taken a narcotic. The best antidote to arsenic is the freshly-precipitated sesquioxide of iron, but as there is generally some delay in obtaining this from the druggist the solution of dialyzed iron may be used in the meantime as a substitute. Calcined milk and magnesia, oleaginous or mucilaginous drinks may also be given with advantage. If the poison has not acted upon the bowels, a purgative dose of Epsom or Rochelle salt should be given.

The albuminous and demulcent liquids already mentioned are useful when overdoses of irritant metallic salts have been taken, as, for instance, those of copper, mercury, or zinc. The chemical antidote to copper is the yellow prussiate of potash or ferro-cyanide of potassium, the ordinary dose of which is 10 grains; but as this is itself an active combination, its administration should be left to a physician.

All the salts of mercury are more or less decidedly toxic, but the bichloride, corrosive chloride, or corrosive sublimate is the one which is responsible for most accidents. Its wide-spread use as an antiseptic renders it readily procurable. Albumen counteracts corrosive sublimate. Eggs and milk should be freely given. Demulcents are likewise of service. Poisoning is sometimes due to silver, the nitrate, or lunar caustic, being ordinarily the harmful agent. This substance causes a blackening of the skin and a whitening of the mucous membrane. Common table-salt counteracts the action of this metal, giving

rise to the chloride of silver, which is an insoluble salt. Vomiting should be encouraged by administering hot salt water, and, after the stomach has been emptied, the bowels should be moved by means of castor-oil.

The salts of zinc are neutralized by the carbonate or bicarbonate of sodium. Flour and water, milk, or soapy water, and demulcent drinks are of assistance in the treatment.

Phosphorus is sometimes taken with suicidal intent, either in the form of an infusion of match heads, the phosphorus paste used for poisoning rats, or an overdose of a medicinal preparation of crude phosphorus may be swallowed by mistake. Fatal accidents sometimes occur among children from sucking match-heads or drinking water in which matches have stood. An emetic dose of sulphate of copper (2 grains for an adult) should be given, and should be followed by sulphate of magnesium, so that both stomach and bowels shall be freed from the presence of the offending substance. Mucilaginous and albuminous drinks containing magnesia should then be administered. Oil should be avoided, as it promotes the solution and absorption of phosphorus.

Accidents from the use of colchicum are not of frequent occurrence, but occasionally an overdose is taken, upon unprofessional advice, for the relief of rheumatic pains. The action of colchicum is not expended alone upon the gastro intestinal canal, but it affects the spinal cord also, and occasions more or less paralysis of sensation. The mind remains clear to the last. In poisoning from colchicum, vomiting should be encouraged and tea should be freely given, as the tannic acid which tea contains is an antidote, while the active principle of tea, or theine, lends strength to the heart. A mustard plaster may be placed upon the abdomen if the pain is severe.

The effects of croton-oil are counteracted by demulcent drinks. Further treatment must be left to the physician.

Savin is sometimes taken for criminal purposes. Its action is combated by the administration of Epsom or Glauber's salt and bland, mucilaginous drinks.

Turpentine is an energetic irritant, and also affects the brain and spinal cord, causing inharmonious muscular action, followed by paralysis, delirium, and stupor, with dilated pupils. The odor of the drug will probably be perceived upon the breath. Epsom salt and soothing beverages relieve the milder manifestations of turpentine.

Cantharis, or Spanish fly, is a powerful irritant to the stomach and bowels, and exerts, moreover, a special deleterious influence upon the kidneys. It is likely to occasion suppression of the urine. A saline cathartic, such as Epsom, Glauber's, or Rochelle salt, accompanied by demulcent drinks, are means which may be adopted while awaiting the arrival of a physician. The administration of oils and fats should be avoided after cantharis has been taken.

The effect of any of the irritant poisons is apt to be accompanied by coldness of the surface. In such an event it is proper to surround the body with external heat, in the form of hot bricks, bottles of hot water, warm bedclothing, etc.

Opium is the type of a narcotic poison. Morphine is the constituent upon which the activity of opium principally depends. The treatment, therefore, is identical whether opium itself, one of its preparations, or morphine, has been taken. Laudanum, a strong alcoholic solution, is the principal preparation of the drug from which injurious consequences ensue. Paregoric is a weak tincture, which is not often of danger to adults, but which, in an overdose, occasions alarming symptoms in infants and young children, who are peculiarly susceptible to the influence of opium.

The distinctive symptom of poisoning by this drug is a heavy, stuporous sleep, which comes on more or less rapidly, according to the dose which has been taken. The pupil is contracted to the size of a pin's point. The skin is cool and the breathing becomes very slow. When profoundly influenced, the muscles are thoroughly relaxed and the victim cannot be aroused to consciousness. The first thing to do in the way of treatment is to remove from the stomach whatever portion of the drug which may have been unabsorbed. This object is accomplished by the administration of an emetic. Stimulating emetics, rapid in their action, are to be preferred, since the stomach shares the general insensibility produced by the poison. A tablespoonful of mustard in water is efficient, prompt, and can always be readily obtained. The same quantity of alum in solution may also be used. Tannic acid, given in the form of tea, counteracts the drug by rendering morphine

insoluble and, consequently, unabsorbable into the blood. Warm, strong coffee should be administered either by the mouth or rectum. Coffee supports the heart and tends to dissipate the stupor. If the breathing become very slow it is proper to practice artificial respiration. The external surface should be beaten by the fringed ends of towels or by twigs. The patient should be walked about, supported by assistants, but this action must not be too long prolonged, as it may exhaust the heart. A good guide in estimating the advantage of treatment is the state of the respiration. If the rate remain stationary or begins to ascend, the probability is that the patient will recover. It is important that the sufferer should not be exposed to cold while under the influence of opium. If walked about in the open air, he should be warmly clad.

Chloral also produces drowsiness, but the chief force of this substance is expended upon the heart, which must, therefore, be supported by hot coffee and other stimulants. Chloral depresses the temperature, which must be sustained by the application of external heat.

Poisoning and intoxication are, in reality, synonymous words, but the phenomena of alcoholic intoxication are, unfortunately, so familiar that people have, unconsciously, lost their dread of them, considered merely as physical symptoms. Nevertheless, it should not be forgotten that large quantities of alcohol, especially in those not habituated to its influence, may act as a narcotic poison. It occasions stupor, reduces the temperature of the body, retards the pulse and respiration. It is not safe to allow this condition to continue unchecked. The stomach should be evacuated by means of alum or mustard, the individual should be surrounded by external warmth, warm coffee should be introduced either by the stomach or bowel, and ammonia, either in the form of the aromatic spirit, a solution of the carbonate of ammonium or of acetate of ammonium (spirit of Mindererus), be administered as a physiological antidote. Artificial respiration may be practiced if the respiration is alarmingly slow.

Chloroform anæsthesia is dangerous because this agent is liable to occasion sudden paralysis of the heart. A patient under its influence should always be most carefully watched. Dilatation of the pupil while the subject is fully under the influence of chloroform is a signal of danger. The surgeon should be instantly warned. As one or more physicians are usually present they will be responsible for the treatment. Suffice it to call your attention to the value of inverting the patient, so that the head may be directed to the ground. Artificial respiration is of value and the application of electricity, but time does not generally serve for the employment of the latter means. Every nurse should be acquainted with the signs of impending danger from the inhalation of ether. When the breathing becomes stertorous or snoring, when frothy fluid issues from the mouth or nostrils, or when the face becomes of a purple hue, the anæsthetic should be suspended and measures taken to revive the patient. It is of service to draw forward the tongue so as to allow free access of atmospheric air to the lungs, to slap the face, the neck, and the breast with the fringed edge of a towel wrung out of cold water, and to wipe away the accumulation of frothy fluid. The patient may be rolled upon the side from time to time, in order to favor the escape of the liquid. Chloroform or ether is sometimes inhaled with suicidal intent. The odor of the drug and the presence of a bottle, together with the condition of the patient, will point to the agent employed, and the treatment just indicated will be, at any rate, efforts in the right direction. A nurse should also remember that false teeth should be removed from the mouth of one who is or who is about to be anæsthetized. The clothing ought to be loosened about the neck and waist. Never allow a light to be held near the head of the patient when ether is being given, as its vapor is very inflammable. The patient should be sufficiently covered when taking ether, since that agent reduces the temperature of the body. If the administration of an anæsthetic is entrusted to the nurse, she should never allow herself to watch the progress of the operation, but concentrate her attention upon the patient, since anæsthesia must always be accompanied by some danger, and its first signs should never be overlooked.

From gross ignorance, carelessness, or suicidal intent individuals are sometimes discovered overcome by the fumes of charcoal, by carbonic acid, or by illuminating gas. The plainest dictate of common sense is to allow the freest access of fresh air, and to practice artificial respiration.

The symptoms of belladonna poisoning are thirst, dryness and pain in the mouth, flushed

face, rapid breathing, mental excitement, followed by coma or convulsions. The pupils are widely dilated. The same consequences follow an overdose of allied substances, such as hyoscyamus or henbane, dulcamara or bitter-sweet, and stramonium, also known as thorn-apple and Jamestown weed. Poisoning not infrequently occurs in country children from eating the berries of dulcamara or stramonium. When any of these substances have been taken, an emetic should be given and followed by a saline purgative. While awaiting the arrival of a physician, strong coffee may be administered. If an excessive dose has been taken the temperature will be reduced, and in such a case heat should be externally applied.

Strychnine is the representative of poisons which excite convulsions. The spasms are painful, and are peculiar in being of what is called a tonic character; that is, each convulsive seizure causes fixed rigidity of the affected muscles. The face is drawn into a horrible semblance of a grin, the lower jaw becomes immovable, and the neck rigid. The slightest contact, the pressure of a finger, of bed-clothing, or a draught of air is capable of giving rise to a convulsion in a person under the influence of strychnine. A graphic description, drawn from personal experience, was published twenty years ago in the Medical and Surgical Reporter, and from this communication I am tempted to make a brief extract. Says the writer: "And now came on a tremendous convulsion. My hands were drawn into my sides, with the fingers drawn apart and slightly bowed, and the jaws became rigid. I felt myself raised as if by some mighty power, and fixed immovably, with only my feet and head touching anything. I heard some one say, 'It is all over with him,' and felt something like a black pall settling down upon my brain, when I became unconscious of everything except my own agony, which was now beyond all description. I could feel my heart fluttering like a wounded bird, and my brain beating and throbbing with an irregular motion, as though at every beat it would burst from its confinement. Every joint was locked, and every drop of blood seemed stagnated. I remember thinking it could not last long, thus, when I must have lost consciousness."

Tannin is the chemical antidote to nux vomica or strychnine. Tannin is given in the form of a strong infusion of tea. Further treatment is purely medical and must be left to a physician.

I need say but little of hydrocyanic or prussic acid. This substance destroys life with such frightful rapidity that little can be done to save the patient. It may happen that milder symptoms may be due to an overdose of a medicinal solution, which is a very weak one (2 per cent.), or to compounds which contain hydrocyanic acid, as the oil of bitter almonds, cyanide of potassium, etc. In such an event there is extreme muscular prostration, a weak pulse, and cold extremities. The surface should be rubbed and mustard plasters applied, and an emetic of mustard-water given. Fortunately, this poison is rapidly eliminated, as well as rapidly absorbed, so that if life can be supported for half an hour recovery will usually occur.

In case of alarming manifestations from nitrite of amyl or nitro-glycerin, place the patient upon the back, administer ammonia by inhalation or by the stomach, apply a mustard plaster to the abdomen or extremities, and keep the patient warm, except that cold water or an ice-bag to the head is of assistance.

A number of substances may be dangerous by diminishing the strength of the heart or nervous centres. Among these, I may enumerate acetanilid (or antifebrin), antipyrin, aconite, conium, digitalis, gelsemium, veratrum, tobacco, and lobelia.

Both acetanilid and antipyrin may produce collapse, with coldness of the surface, profuse sweats, vomiting, etc. These effects are combated by means of recumbency, hot alcoholic drinks, hot coffee, and external heat.

Accidents may happen from the use of the tincture of aconite, or the root is occasionally mistaken for horse-radish. The first feeling experienced after an overdose of aconite is a sense of tingling or burning in the mouth or throat, and this feeling soon extends to the extremities. Aconite produces vomiting, impairment of motion and sensation, extreme debility, and perspiration. The mind generally remains clear to the last. The effects are counteracted by tannin, alcohol and ammonia, recumbency, and external heat.

Conium, or hemlock, causes nausea, vomiting, muscular paralysis, beginning in the lower extremities and extending to the muscles of respiration. The heart's movements are generally unaffected, and the mind remains

clear until carbonic acid has accumulated in the blood. Treatment is by evacuation of the stomach, coffee or tea, and alcoholic drinks. This is supposed to be the poison by which Socrates was put to death.

Digitalis occasions sick stomach, weak, rapid, irregular pulse, palpitation of the heart, and prostration. Strong tea is the antidote, aided by recumbency, hot drinks, external heat, and inhalation of ammonia.

In the debility due to gelsemium, hot, stimulating drinks, friction to the surface of the body, and artificial respiration are useful, after evacuation of the contents of the stomach. Tannin is an antidote.

Nausea, vomiting, cold, clammy skin, imperceptible pulse, intense muscular weakness, giddiness, and gradual loss of consciousness result from an overdose of veratrum viride. The symptoms, though so portentous, are seldom fatal. Evacuate the stomach, keep the patient in bed, and give stimulants.

Tobacco sickens the stomach, causes vertigo, complete prostration, a weak action of the heart, a cold and perspiring skin, collapse, and convulsions. Warmth, stimulating liquids, —by the mouth or bowels,—mustard plasters to the chest and other parts of the body, artificial respiration, tea, and camphor are among the means employed for the restoration of the patient.

The symptoms due to lobelia, which is also known as Indian tobacco, resemble those produced by the Nicotian weed. Though usually less severe, the former may equally cause death. The general plan of treatment is the same as that for tobacco poisoning.

AN ALLIANCE OF QUACKS.—The bone-setters of France have formed a defensive alliance with the magnetic healers, mediums, masseurs and others of that class, their object being to organize a national league "to protect and advance their professional interests." In a recent manifesto complaint is made that there is a tendency toward an "undue and unauthorized legislative interference" and a claim is made that it is the inalienable right of all men to heal themselves, or get treatment wherever and from whomsoever they may elect. They, therefore, propose to make themselves felt in the elections; the specious cry of "fair play" will be put into active use early and late, and it will not be surprising to learn that they secure a semblance of legality.

CLINICAL LECTURE.

*REMARKS ON RACHIALGIA, OR PAIN IN THE BACK.**

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GENTLEMEN: You recall the fact that I showed you, at my last clinic, two cases of pain in the back. Both cases were men of about the same age, 43 years, and in both the pain was located in the lumbar region, and hence each might be considered an illustration of lumbago, but here the resemblance ended. As I wish to present two more cases of pain in the back this morning, I will briefly recount the principal points in the former patients, so as to bring the subject up fresh in your memory, and thus make a group of cases from which we may obtain some useful therapeutic suggestions. The first case was that of a well-nourished man, who had always lived in the country before he came to this city, last spring. His occupation had been that of a laborer, in which he was called upon to lift heavy weights very frequently. About six weeks ago, he began to have pains across the small of his back, especially when he leaned over forward or tried to lift anything. This increased until about in the course of a week he was unable to continue his labor. He had not since been able to return to his work, although he had become much better during the few days that we had him under treatment. He had not had any fever, he had no pains elsewhere, and his general health appeared to be excellent. Upon examination, there was found some hyperæsthesia of the skin in the lumbar region, and decided tenderness in this mass of muscles about two inches from the spine, on each side, but particularly on the right side. When he tried to bend over so as to touch his toes he could not do it, and complained of a catch in his back, at the point of tenderness just mentioned. The urine was acid, 1032, contained no albumen nor sugar.

This case I explained as one of *myalgia*, a purely local affection, and due to overwork or overfatigue of the muscles of the loins. It belongs to the same class as the lumbago and

* Lecture delivered at the Medico-Chirurgical College, November 14, 1892.

pleurodynia of sewing-machine operators, and the pains in the muscles supporting the scapula of nursing women, who carry heavy infants around in their arms. The pathology has been summed up in a few words by Inman, who first recognized the true character of so-called spinal irritation, as "the complaint of muscles which are undernourished or overworked."

The second case had a more recent and more abrupt beginning. He had been serving as watchman in a warehouse, and his sickness was attributable to the sudden change in the weather, two days previously, rather than to his occupation *per se*. On the morning of the day before he came to the hospital for treatment, on attempting to rise from his bed, he was attacked by severe pains in the lumbar region, which disabled him and made him cry out with agony. Nevertheless, he finally dressed himself and went to his place of work as usual, but through the day the pains grew worse instead of better; he could hardly wait until the night-watchman came to relieve him, and with great difficulty managed to get home. He suffered all night with pain and restlessness, and in the morning, finding himself no better, he applied for relief at our dispensary. As a part of his history, he stated that he had suffered with a severe attack of inflammatory articular rheumatism, when in the army, some thirty years ago.

You observed when this patient came into the room, that he was evidently a sick man. He could not even remove his coat for a physical examination; every movement of his body was accompanied by suffering. Upon examination of the lumbar region, there was no hyperæsthesia of the skin and scarcely any tenderness of the muscles, except near their attachments on each side of the spinous processes. His pulse was a little over 100, and his temperature 101 degrees. His urine became slightly cloudy upon boiling, but there was no decided albuminous reaction upon applying Heller's test with cold nitric acid. It was acid, but we did not have enough to take the specific gravity. It contained, probably, an excess of earthy salts and phosphates.

Although, at that time, no other muscles had been affected in this case, I stated that unless promptly controlled by treatment, the pains would be very likely to shift to other muscles, since the history and examination of this case showed it to be one of the rare cases of *acute muscular rheumatism*. This was shown by the history of exposure to cold, by the aprupt beginning, by the fever, but particularly by the fact of the location of the pain, not in the muscles, but in their tendinous sheaths and attachments to the spinal column. This patient I advised to enter the hospital, but he preferred to be treated at home.

The treatment of these cases was essentially unlike. Patient number one was directed to take exercise in the open air; he was also told to massage the affected muscles with a liniment containing turpentine, acetic acid, and white of egg, and to keep flannel over the affected muscles, in order to increase the blood-supply to the part. It was understood that he would not attempt to strain the lumbar muscles by heavy lifting, but he was instructed to bend the body forward and sideways each day, in such a manner as to systematically exercise these muscles. He was also given salicylic acid, 5 grains every four hours, as much for a placebo as anything else; although we know that salicylic acid, like antipyrin and acetanilide, does possess considerable power to relieve pain. The patient had materially improved under the treatment, during one week, and considered himself almost well.

Patient number two was directed to have a vapor bath at once, and to be put to bed as soon as possible. Twenty grains of bicarbonate of potash, and ten grains of bromide of potash, in an ounce of effervescing draught were ordered to be given every two hours for a few doses, until the urine became less acid or neutral, and then to be given every four hours. In a couple of days, salicylate of sodium, up to two drachms daily, would be substituted for the alkaline treatment. For immediate relief, a hypodermic injection of morphine (grain $\frac{1}{4}$) and atropine (gr. $\frac{1}{60}$) was administered, and it was suggested that, if the pain continued, antipyrin (gr. iii–v) could be used by parenchymatous injection into the affected muscles. So much for those cases; I will now introduce two other patients with pain in the back.

Case number three is a man 50 years of age, who is well nourished and apparently healthy. By occupation he is an engineer, and has been at work at Cramp's ship-yard, putting machinery into vessels. At times he is called upon to lift heavy weights, and, six weeks ago, while straining in this way, he felt something give way in his spine; this was followed at once by a sensation as if cold water had been poured

on his back. He was at once disabled, and could not lift any more that day, nor has he gone back to work since then, as he is afraid that his back is too weak. He is free from fever, can bend his body without marked evidence of pain, but directs attention to soreness to the right of the lumbar spine. At this point, by deep pressure, I can elicit slight tenderness.

This case I take to be one of simple traumatism, laceration of muscle, or of aponeurosis, possibly analogous to a sprain of the external lateral ligaments at the ankle joint by "turning the foot under." Fracture of the spine might be produced by muscular action; at least, such a case was recently reported in one of the medical journals; or, there might be what is called "fracture by avulsion" or "sprain fracture," where a small piece of the transverse process, or other attachment of the tendon, is torn off by strain. More frequently, latent fracture or injury may be produced which would lead eventually to vertebral caries. In cases of traumatism, we always should examine the affected part carefully to determine the nature of the injury. Here, there seems to have been only an injury accompanied by some laceration of the soft parts, or "sprain," and the patient has nearly recovered under rest and a belladonna plaster.

Case four is a young woman 23 years of age, engaged at home work. She also is well nourished and looks well, except that she has a profuse eruption of acne upon her face. She complains of weakness and pains in her back, digestive disorders, dysmenorrhœa, scanty menstruation, and profuse leucorrhœa. She is also subject to constipation.

This case I have brought before you to illustrate a large number of cases of pain in the back in young women. In some of these cases, the pain is so severe as to cause much suffering. A woman will often say that her back "aches like a toothache." You can imagine what such a backache would be, and how it would interfere with the usefulness of the individual and her enjoyment of life. When this pain is not myalgic in nature, it is a neuralgia of reflex origin, the result of some pelvic disorder, such as chronic congestion, endometritis, ulceration, prolapse or other uterine disease. It may also be associated with bladder or rectal disorder, especially fissure or linear ulcer. The late Prof. S. W. Gross pointed out the fact that pain in the back in men might be caused by stricture of the urethra, or by enlarged prostate (which is the homologue of the uterus). Pain in the back in men may also be due to fissure or ulceration of the rectum, or stone in the bladder, ureters, or kidneys, just as in women.

Our duty in the present case will be discharged by referring her to the gynæcological department. We could treat her indigestion and constipation, but will await the report of the physical examination before prescribing.

In this small group of cases, I have not by any means exhausted the varieties of cases of pains in the back. I would impress upon you the necessity of making an exact pathological diagnosis in each case, and of avoiding the too common practice of making a symptomatic diagnosis and dismissing these cases as merely rheumatism or lumbago. I have seen a case of pain in the back diagnosticated "pleurisy," when, upon uncovering the surface, the characteristic bullæ and vesicles of herpes zoster were distinctly in evidence.

A lesson that should be drawn from these patients suffering with similar symptoms due to very unlike causes, and calling for very different treatment, is the utterly unphilosophical character of a system of practice based solely upon the treatment of symptoms. As pathologists, you are well aware that symptoms are, so to speak, only the smoke, light, and heat accompanying and directing attention to the hidden conflagration, which, indeed, is essentially chemical in its nature just as the processes of disease are essentially chemical in their nature. Pathology, it should be always borne in mind, is nothing more or less than physiology under changed conditions.

[The remainder of the hour was occupied by remarks upon two cases of headache in men associated with nasal hypertrophies; and two cases of stomach disorder, in women, one of which had been taking papoid with marked benefit, and in the other washing of the stomach was prescribed and the method demonstrated.]

A Reception to Mr. Truax.—The surgical-instrument manufacturers of Philadelphia entertained, some days ago, Mr. Chas. Truax, of Truax, Greene & Co., of Chicago, at a dinner in one of the banqueting rooms of the Pennsylvania Club, 1423 Walnut Street.

ORIGINAL COMMUNICATIONS.

A CASE OF PUERPERAL ERYSIPELAS.

By G. A. HEWITT, M.D.,
PHILADELPHIA.

MRS. S., aged 24 years, was seized, three days after giving birth to her third child, with a severe chill, followed by a fever. There was great pain over the womb, which remained large, soft, and engorged. Some tympanites was likewise present. During the succeeding day or two there was considerable nausea and vomiting. The lochia were almost but not entirely suppressed, and the secretion of the mammary gland ceased. On the second day of the attack she had some bleeding from the nose.

Three or four days after its birth, an erysipelatous blush appeared on the baby's genitals, spreading thence to the abdomen and thighs, involving a large extent of surface. The infant progressively failed in strength, and at the end of a week cerebral symptoms appeared. The fontanelle became depressed; the baby rolled its head about upon the pillow and gave utterance all night to a sharp "cerebral cry." These symptoms continued until its death, two days later. A week after delivery, four days after the baby was attacked by erysipelas, a distinctive blush appeared upon the buttocks of the mother. This extended upward and laterally until, within two or three days, both buttocks and all the lower part of the back below the sacro lumbar articulation were involved. After this date it did not spread very materially in area. An antiseptic ointment was applied locally, and the mother was placed upon iron and quinine with a bismuth mixture, *pro re nata*, for the sick stomach, and occasional doses of ¼-grain of morphine sulphate when the pain was severe. The vagina was thoroughly washed out twice daily with warm carbolized water. The abdomen was enveloped in a large, warm poultice.

The metritis was not very severe, and disappeared after four or five days. The general condition and the local erysipelatous manifestation, however, did not so readily improve. The mind was clear from the beginning. After the first day there was no pronounced chill; chilly sensations were complained of at irregular intervals.

On the eighth day of the disease the condition of the mother was as follows: There was a continued fever, ranging from 100 degrees in the morning to 103⅘ degrees in the evening; the mind was clear; skin, except when flushed by the fever, sallow; prolabia pale; no tympanites; pulse not very rapid and pretty strong; no abnormal tenderness over the womb; a slight lochial discharge; a large patch of erysipelas upon the back. She was taking but little nourishment.

After the death of the baby, the patient's temperature rose to 104⅖ degrees in the evening. As she had obtained but little sleep for forty eight hours, ¼-grain morphine sulphate was given, and repeated once during the night. She slept better, and took some nourishment during the night, but next morning became sick, vomited everything she took, and sometimes retched when the stomach was empty. Measures were taken to allay the nausea; the iron and quinine mixture was discontinued; nutritive enemata and quinine suppositories were ordered. The enemata were retained. The urine at this time contained from one sixth to one-eighth by bulk of albumen. The fluid was high-colored, but, under the microscope, nothing was found except amorphous urates and a few small epithelial cells; no blood-corpuscles or tube-casts. On this day—the eleventh of her illness—she complained of pain in the calves of her legs; they were very tender upon pressure, seemed swollen, but not with subcutaneous œdema. The pain and swelling appeared to be in the muscles. There was no œdema of the feet or ankles. She had become demoralized, lost her courage and hope of getting well. There was at this time no evidence of cellulitis or peritonitis.

The nausea was subdued; she slept well the next night, took some nourishment, and her temperature had fallen to 99⅘ degrees. The patch of erysipelas was intensely red. In the evening the temperature rose to 102 degrees. Another good night followed, and the morning temperature had declined to 99⅕ degrees. During this day (the thirteenth) she took considerable food. The erysipelas had improved; the hip was less painful. Her bowels were open once; the tongue was not so blackened by the iron, but was rather dry and furred. The night was not passed so well; she slept little, and her bowels were opened three times, the discharges being watery and fetid. She

took nourishment rather well, but an occasional nutrient enema was given and the quinine suppositories were administered at shorter intervals.

On the fourteenth day, as the result of a wakeful night, the morning temperature had fallen only to 102⅘ degrees. The tongue was dry; she was able to retain her nourishment, though she did not take much; the bowels were open twice during the day. She obtained more sleep than during the preceding night, and at my morning visit on the fifteenth day every feature of the case except the temperature had improved. Her hips and legs were better, she could move herself about more easily, the erysipelas was fading, she manifested some relish for her food, and the tongue was more moist. The bowels were moved twice and the urine was passed freely. The lochia were scanty. During the day she partook of considerable nourishment, her bowels were not moved during the night, she slept well, and the improvement continued on the morning of the sixteenth day. The patch of erysipelas continued to fade, and the older portions of the affected skin were desquamating. The hips and legs were less painful. Toward evening there was slight nausea. There was no alvine evacuation during the day, but three occurred in the night. At my evening visit she complained of some soreness of the throat. She slept very little during the night.

On the seventeenth morning the bowels were still loose. The tongue was blackish and dry, but not tremulous. The rash had nearly disappeared. The soreness of the throat had increased. The half-arches and tonsils were injected, and there were little patches of exudation upon the right tonsil. In the evening the pulse was more rapid than it had yet been. It had been gradually growing more rapid during the four preceding days, during which the temperature had been remaining between 102 and 103 degrees, and the tongue becoming dryer. The patient was, in fact, running into a typhoid condition.

On the eighteenth day the pulse and temperature still showed no improvement. The tongue was becoming dryer, was thickly covered with a blackish-brown fur, and the lower lip was tremulous. She had been restless and nervous during the night. The local evidence of erysipelas had disappeared; the metritis had vanished; the legs and hips caused but little trouble. The general condition, however, failed to correspondingly improve. In the morning she had a watery, dirty-brown, and offensive stool. During the day the tongue became a little cleaner and moister.

On the morning of the nineteenth day the pulse and temperature still remained high. The tongue was moister and the dirty, dark-brown fur was disappearing from the edges. The bowels were moved once during the night and the passage was of a yellowish hue, more consistent and less offensive to the smell. The urine was normal in color and contained from one-sixth to one-eighth of albumen. During this day the bowels were opened but once, the discharge being almost, if not quite, natural in appearance,—yellowish, moulded, and of a true fæcal odor. The tongue continued to clean and moisten. There was no tenderness in the iliac fossæ, no rose-colored spots upon the abdomen. There were no indications of any inflammatory focus within the pelvis or abdomen. The throat was well.

On the morning of the twentieth day the pulse and temperature were still stationary. She had slept most of the night without any movement of the bowels. During this day the tongue continued to clean; there were but two stools, they were of normal appearance, and the patient declared that she felt better and stronger; she was able to move herself about much more readily in the bed. She remained in this apparently improved condition throughout this and the succeeding day, but on the twenty-second day her pulse was weak; the temperature was 104.5 degrees in the morning; the tongue and lower lip were tremulous, and the hands and arms decidedly tremulous. The respiration was rapid and the alæ of the nose dilated with every inspiration. On the twenty-third day the pulse became still more accelerated. In the evening a conjunctivitis made its appearance and the patient became delirious. From delirium she passed, on the next morning, into a semi-comatose condition, in which she lingered until she died, at 7 o'clock on the morning of the twenty-sixth day from the beginning of her illness.

The clinical history of this case was of interest from its long duration, the very gradual downward progress, the moderate metritis in the beginning, which soon passed away, the development of erysipelas in the baby, and its

subsequent appearance in the mother. I was not in attendance during the labor, but there had been no difficulty and there was no apparent lesion of the woman's genitalia. The origin of the infection could not be distinctly traced. No suppuration occurred during the progress of the disease, except the slight muco-purulent secretion which escaped from the tonsillar crypts. I have made but slight mention of the treatment, since it was totally without avail, save for the palliation of symptoms.

ABSTRACTS.

TREATMENT OF ALBUMINURIA.

In the course of some remarks upon this subject at a meeting of the Academy of Medicine, October 4, 1892, M. Lancereaux said: The albuminuria in itself is without gravity, that which is grave is the retention of excrementitious matters, or uræmia. I have little faith in antidotes against uræmia, but I believe in drastics, diuretics, and cutaneous stimulants.

When the uræmic attack has subsided we should seek to modify the diseased tissue. If the connective tissue is attacked, I prescribe iodide of potassium. If the renal epithelium is involved, I have recourse to the tincture of cantharides, which, in the daily dose of 6 to 12 drops, produces an abundant diuresis, and causes the anasarca to disappear. I give milk when the renal epithelium is involved and there are symptoms of uræmic intoxication. The milk acts as a decided diuretic and is an indispensable adjunct to the treatment. I prescribe a mixed diet containing but little nitrogen, have no fear of eggs, and prefer beer to wine. The tincture of cantharides is a little known but excellent remedy. By its means I have optained remarkable results when the epithelium of the kidney is the seat of disease. —*La Médecine Moderne*, October 6, 1892.

DERMATALGIA OF NASAL ORIGIN.

Professor Ramon de la Sota y Lastra reports his own case in the Revista de Laringologia. During last November he was attacked by a severe coryza of the left nasal fossa. The inflammation soon involved the entire mucous membrane, spread to the lachrymal duct, and excited a phlyctenoid erysipelas of the skin of the nose and the eyelids. This condition was accompanied by a very painful supra-orbital neuralgia, and the left side of the head, over an area of 6 square centimetres (about 2½ square inches) became the seat of a dermatalgia so excruciating that the least touch provoked a cry of pain. The slightest contact of the hair increased the suffering. Beyond this area the skin was free from painful sensibility. This dermatalgia was greatly allayed by the introduction into the nasal fossa of a pledget of cotton moistened with a 10-per-cent. cocaine solution. When the coryza and erysipelas began to disappear, the fever, general symptoms, and supra orbital neuralgia also abated, but the pain in the hairy scalp persisted for a considerable time, and only ceased when the Schneiderian membrane returned to a normal state.

The appearance of the dermatalgia consecutive to a coryza, the influence exercised upon the former by the application of cocaine, and its retrocession after the cure of the nasal affection, clearly demonstrate the reflex nature of the affection. There could be no question of the propagation of an inflammation, since a healthy region intervened between the painful area and eyebrow.—*Revue de Laryngologie*, etc., October 15, 1892.

URÆMIA WITH ACUTE ŒDEMA OF THE LUNG AND SWEATS CONTAINING UREA.

At a meeting of the Medical Society of the Hospitals, M. Dieulafoy described the case of a patient who had lately died in his wards. The man had suffered for two months with uræmic dyspnœa and headache. His urine had a specific gravity of 1004 and contained but little albumen. On the sixth day after admission he was attacked by acute pulmonary œdema, and during subsequent days the urine decreased until actual suppression ensued. The patient fell into a semi-comatose condition, and one morning M. Dieulafoy found his face covered with sweat containing urea so that his eyebrows, moustache, and beard looked as if they were covered with hoar-frost. This sweating was followed by a severe diarrhœa, the fæcal matter containing 7 grammes of urea to the litre (108 grains in 1¾ pints).

All other treatment being without avail, on account of the results which the speaker had obtained by the injection of extracts of various organs (testicular and thyroid fluid, etc.), he resolved to make trial of injections of nephrine,

made by maceration of the cortical substance of the kidney in a saline glycerin solution, and filtration. M. d'Arsonval prepared 2 grammes of nephrine from the kidneys of a number of guinea-pigs. This amount was injected, but the patient passed a very bad night. The sweats of urea, the anuria, the diarrhœa, and coma persisted. Fifty-five grammes of nephrine were then prepared from two hundred grammes of the cortical substance of bullocks' kidneys, and three injections of 1 gramme each were made at hourly intervals. On the following morning the patient remained still in the same condition. He improved a little, however, after each injection. Thus, ten minutes after an injection he spoke to M. Dieulafoy and drank a portion of milk. He was ordered an injection of ½ gramme of nephrine every two hours. He passed 500 grammes of urine during the day, was better in the night, and the coma diminished. On the following day 2 grammes of nephrine were injected and a sensible improvement, which lasted twenty-four hours, was produced. The urea sweats disappeared; the patient spoke, but he experienced considerable hyperæsthesia and painful cramps. During the night he was suddenly attacked by convulsions and died within a few minutes. At the autopsy a mixed nephritis, for the most part interstitial, was found. All the organs, lungs, heart, etc., contained from 2 to 3 grammes of urea per kilogramme.

Urea sweats are of exceedingly grave prognostic import. M. Dieulafoy has observed them six times. Death took place in every case. — *La Tribune Médicale*, October 20, 1892.

THE CRETINS OF THE PYRENEES.

At a meeting of the Biological Society, M. Regnault, in the name of M. Lajars, of Avignon, presented a note upon the trophic disorders of the nails and hairs observed among the cretins of the Pyrenees. The children are born without hair or with short hair; they have no eyebrows. Their nails are thickened and hypertrophied. These peculiarities are met with in fourteen families of Salies de-Béarn, and in one of these dental troubles also occur. These people are found only in Salies and certain surrounding villages in which there are saline springs. It is said that they are descended from lepers, and they are treated as lepers. It is possible that they may be.

M. Galippe remarked that M. Magitot had shown casts of the hands of these cretins to M. Zambaco, who pronounced them to be the hands of lepers.—*La Médecine Moderne*, October 20, 1892.

THE VALUE OF ANTIPYRIN IN THE TREATMENT OF DISEASES OF THE EYE.

Dr. Wicherkiewicz has used antipyrin in from five hundred to six hundred cases, and announces the following conclusions: Antipyrin possesses no astringent action, but is an excellent remedy in both acute and chronic conjunctivitis. Under its influence secretion soon ceases. In granular inflammation of the conjunctiva, after the granulations have been squeezed out, the application twice or thrice daily of a 25-per-cent. solution of antipyrin restrains the secretion, and the swelling of the membrane slowly disappears. It acts less beneficially in the acute form of the same process, in which preference should be given to the nitrate of silver.

The author has frequently observed certain cases of conjunctivitis which had resisted all the usual and improved means of treatment, but which responded favorably to the action of antipyrin. This was especially noticed in inflammations of the conjunctiva following influenza.

Antipyrin likewise proved valuable in the treatment of the so-called papillary form of trachoma. Upon a superficial examination no evidence of disease is found in the eye. When observed through a lens, the alterations common to general infection are seen, viz., more or less swelling of the papillary bodies, causing various symptoms, such as itching, a sensation of pressure and pain in the eyes, together with an impossibility of keeping the eyes long fixed upon near objects, on account of a feeling of dryness in the organs and drowsiness which are produced.

This affection is a special variety of granulosis. Its infectious nature is shown by the fact that it is often endemic. It is distinguished by its obstinate resistance to remedies, so that it is frequently of months', or even years', duration. In this disease weak solutions (3 to 5 per cent.) of antipyrin, instilled one to three times a day, are of remarkable efficacy.

The author has also convinced himself of the favorable effect of antipyrin in catarrh of

the lachrymal sac. In this malady he injects a 25-per-cent. solution into the sac once or twice a day, having previously cleansed the parts with a weak solution of boric acid.

In episcleritis and scleritis antipyrin mitigates the pain, reduces the episcleral swelling and the accompanying opacity of the cornea. It relieves the severe pain and sense of tension in chronic glaucoma. A 25-per-cent. solution is twice a day dropped into the corresponding nasal passage while the head is bent strongly backward. Antipyrin is useful also in phlyctenular conjunctivitis, scrofulous inflammation of the cornea, and in blepharitis.

In the diseases instanced, antipyrin was employed in from 1- to 25-per-cent. solutions. Even a 2-per-cent. solution produces a burning sensation, which increases when stronger applications are made, until it may cause quite a sharp pain. This sense of pain, however, lasts but a few moments, and is generally followed by a feeling of improvement.

Antipyrin has no effect upon the pupil, nor does it affect the normal sensibility of the conjunctiva or the cornea. On the other hand, it appears to alleviate morbid hyperæsthesia. Strong solutions (50 per cent.) give rise to severe and long-continuing pain, and probably destroy the epithelium. The remedy, used locally, appears to act (1) by removing the origin of the disease and destroying certain microbes; (2) it diminishes congestion by contracting the vessels; (8) when instilled into the eye it induces, in consequence of the smarting which it occasions, a rapid reflex contraction of the lids, which constantly takes place and performs a sort of massage beneficial to the inflammatory condition; (4) it diminishes morbid sensibility and relieves pain. In short, in the writer's opinion, antipyrin is a valuable medicament in diseases of the eye.—*Deutsche Med. Zeitung*, October 6, 1892.

APPEARANCE OF VARICELLA UNDER PECULIAR CIRCUMSTANCES.

Professor Bokai, of Budapest, observed, in the year 1888, a family in which one child suffered from zoster pectoralis, and ten days later another child was attacked by a typical chicken-pox. Not long afterward he saw chicken pox in a child whose sister had had zoster abdominalis for ten days. Again, in the year 1891, he met with a similar case, the mother having had a zoster pectoralis and the daughter being attacked by chicken-pox twelve years (sic?) later. In the same year, also, a young man afflicted with zoster femoralis entered the hospital. Seven days after his admission a patient in the same ward experienced an attack of chicken-pox.

Upon the ground of these observations the writer queries whether the varicellar infection may, under certain circumstances, instead of producing a general eruption, take the form of a herpes zoster? The suspicion arises the more readily from the facts that, according to Kaposi, epidemics of zoster prevail among children, and that certain forms of zoster are regarded as infectious manifestations.—*Deutsche Med. Zeitung*, October 10, 1892.

AN EPIDEMIC OF MILIARIA IN KRAIN.

The physicians sent by the sanitary authorities to observe this epidemic have made the following report: The disease begins with pains in the limbs and with a violent, protracted chill, followed by a temperature of 41° C. (105.8° F.). To these manifestations succeed a profuse general perspiration of peculiar odor, and the evolution of a large papular eruption upon a livid or dark red skin, and with these the proper or, rather, the first attack comes to an end. A moderate fever (38° C.=100.4° F.) may or may not continue, the skin becomes somewhat paler, the sweating is reduced, and the papules become filled with a clear serum or a turbid, milk-like, or even purulent fluid, and coalesce to form small or large pustules. A fine desquamation soon afterward takes place. Recurrent attacks, with abundant perspiration are not infrequent, and after such attacks all varieties of the eruption, papules, vesicles, and pustules, with various contents, simultaneously appear. Fatal cases are accompanied from the very beginning by convulsions, unconsciousness, delirium, or profound sleep. None recover in whom any of these symptoms are manifested, nor does death take place without their occurrence. The appearance of convulsions is universally taken as a herald of a fatal termination.

The autopsy of a woman, 22 years of age, who died in the height of the affection, showed, in addition to the exanthem, hæmorrhages of the mucous membrane of the trachea and the stomach, hæmorrhagic foci in the lower lobes of the lung, ecchymoses in the

epicardium, and an acute swelling of the spleen. It is uncertain whether the disease spreads by contagion or miasm, but many cases seemed due to contagion. Bacteriological examinations have been made, but their results have not yet been published.—*Das Œsterreichische Sanitätswesen; Deutsche Med. Zeitung*, October 10, 1892.

INFLUENCE OF SALIPYRIN UPON THE ACTION OF THE HEART.

Dr. Paoli Alberti has published a synopsis of the contents of a prize essay relating to his experiments upon the action of salipyrin. From a study of the phenomena produced in seventeen frogs and toads, he concludes that small doses have a favorable influence upon the heart by facilitating the filling of the heart during diastole, the development of increased systolic energy, and a corresponding diminution in the number of beats. Moderately high doses disturb the rhythm of the organ and arrest its movements in diastole. From the observation of isolated hearts, it was found that a fit dose for the heart of a batrachian of 50.0 was 0.07 to 100 of normal blood. A feebly-toxic effect was produced by a dose of 0.25, and 0.33 arrested the heart's action. Animals kept for a long time in a condition of inanition manifested a superior resistant power to the substance. The special action of salipyrin is, according to the author, upon the heart, but whether upon the intra-cardiac nervous plexus or upon the muscular fibres he was not able to decide, as the isolation experiments were performed during the summer.—*Deutsche Med. Zeitung*, October 13, 1892.

PARALYSIS OF MUSCLE OF THE EYE AFTER HERPES ZOSTER.

At a meeting of the Medical Club of Vienna, Hr. H. Schlesinger exhibited a man, 40 years of age, who, a few days after the development of a herpes zoster of the left forehead, suffered a complete paralysis of the left motor oculi from which a paresis of the first branch of the trigeminus, loss of sensibility in the upper segment of the conjunctiva, complete ptosis, marked difference in the size of the pupil, with paralysis of the intrinsic muscles, still persisted. The herpes zoster atttacked the patient at a time when an epidemic of the disease existed in Vienna. Paralysis in consequence of zoster was also observed at this period by other physicians. The occurrence of paralysis after zoster is, perhaps, an argument in favor of the infectious nature of the disease.—*Deutsche Med. Zeitung*, October 24, 1892.

THE PRESENCE OF DIAMINES IN DISEASE.

Hitherto these ptomaines, viz., pentamethylendiamin (cadaverin) and tetramethylendiamin (putrescin), which we know from Brieger are formed by the life-activity of bacteria, have been only found in the urine and fæces of patients suffering from cystinuria. Dr. Ernst Roos, of Kiel, has now discovered pentamethylendiamin in a case of malaria with bloody diarrhœa, and tetramethylendiamin in the fæces of a case of cholerine.—*Deutsche Med. Zeitung*, October 17, 1892.

THE ACTION OF HYPODERMIC INJECTIONS OF ALLYLSULPHOCARBAMID (THIOSINAMIN).

At the International Congress of Dermatology and Syphilology, Hr. Hebra, of Vienna, stated that, induced by other experiences, he had made use of thiosinamin in lupus. The preparation was obtained by heating together 2 parts of allyl-mustard-oil, 1 part of absolute alcohol, and 7 parts of solution of ammonia. Crystals of thiosinamin or allylthiourea separate after the odors of the oil of mustard and ammonia have been lost. Subcutaneous injection of this substance causes a local reaction of lupus, beginning some hours after the injection and dependent upon the quantity employed. The reaction is manifested by a swelling which may be so extreme that the epidermis and even the papillary bodies burst and superficial fissures are produced. The reaction continues four to six hours and then gradually subsides. At the end of about twenty-four hours the skin has regained its former aspect. Constitutional symptoms never occur. On the next day a considerable desquamation of lupous tissue results, while the adjoining healthy skin remains clear and smooth. The reaction depicted effects a decided improvement, and even after a few injections the diseased area presents an entirely different appearance. In cases of prominent lupus lumures, the affected tissue becomes gradually more and more flattened. The surface of lupous ulcers soon becomes clean, the elevated edges are levelled, and the solution of continuity is repaired in a few weeks' time. The smooth, yellow, and disseminated lupous

nodules, whose vascularity is less than that of the other form, are the most difficult to influence.

A further action of the remedy is upon the cicatricial tissue, whether that originate from spontaneous ulceration or had been produced by cauterization. The scar becomes soft, and consequently the effects of contraction or pressure are removed. Thiosinamin has also a favorable influence upon glandular enlargements. These are soon reduced to the normal size, and this is particularly the case in scrofulous and tuberculous subjects. On the other hand, syphilitic lesions manifest no reaction to this substance. This fact may render thiosinamin serviceable as a means of differential diagnosis between involvement of glands due to syphilis and that produced by scrofulosis or tuberculosis. After the use of this remedy an increased diuresis is observed, without any injurious effect upon the kidneys, for the urine is free from albumen or any other pathological elements. Thiosinamin likewise promotes absorption of exudations. In one case a notable reduction of severe night-sweats followed the injections. The decided effect of the injections upon corneal opacities is also worthy of attention. The remedy has a good effect upon the system at large. It promotes the appetite and leads to an increase of body-weight. — *Deutsche Med. Zeitung*, October 24, 1892.

COLLOID DEGENERATION OF THE SKIN.

This was the subject of a communication by Dr. Perrin, of Marseilles, to the International Congress of Dermatology and Syphilology. The speaker described the case of a rag-gatherer, a woman 54 years of age, received into the hospital on account of hysterical disturbances. She was also the victim of a cutaneous affection, about which she troubled herself little and which had been in existence for eight or ten years. It began upon the forehead and spread from the margin of the hairy scalp to the temples, eyebrows, nose, cheeks, the conjunctivæ of both eyes, and subsequently to the dorsal surfaces of both hands, and to the back. In the situations mentioned the skin was considerably thickened, bronze-colored, and exhibited small, transparent elevations resembling vesicles. They were not vesicles, however, but of firm consistence. These projections were the size of a pin's head, round, and appeared to be seated in the cutis. They were arranged in groups, which resembled a transparent, gelatinous mass. The affection was absolutely painless. The patient died of an intercurrent disease. A histological examination of the skin showed colloid degeneration of the connective-tissue fibres of the cutis, located at about the middle of the corium and giving origin to homogeneous, strongly refractive nodules, separated by a thin layer of the cutis from the epiderm, and between them the perspiratory tubules and the hair-follicles could be discerned.—*Deutsche Med. Zeitung*, October 24, 1892.

THREE CASES OF PEMPHIGUS FOLIACEUS WITH HISTOLOGICAL EXAMINATIONS.

At the International Congress of Dermatology and Syphilology, Dr. Petrini reported these cases, which had all presented similar manifestations as regards the skin, mucous membranes, and constitutional symptoms. It was to be expected that these cases should also display similar anatomical or histological appearances. But investigation revealed the fact that the alterations usually found in the spinal cord were not in all the cases present, and that, therefore, the anatomo-pathological source of the pemphigus was not localized in the spinal cord.

In one case, in which death took place at the end of the sixth month, slight changes only could be discerned in the posterior columns. In another, which ended fatally in a year and a half, scarcely any alteration could be perceived in the cord. On the other hand, in all the cases pronounced lesions of the cutaneous nerves, the roots of the spinal nerves, and the spinal ganglia were detected. Hence, it was to be inferred that the source of the disease was in these lesions. In the microscopical preparations of the ganglia numerous nerve-fibrils were seen to be atrophied. Similar alterations were observed in the roots of the nerves beyond the ganglia, in the so-called distal portion of those organs. In the skin, also, numerous nerve-fibrils were found atrophied. He found, moreover, in one case, newly-formed blood-vessels in the midst of proliferated epithelium of the central canal of the cord, although it is known that the epithelium in this situation normally possesses no vessels. In all the cases there were, also, hyperæmia and dilatation as well as sclerosis of most blood-ves-

sels.—*Deutsche Med. Zeitung*, October 24, 1892.

THERAPEUSIS OF PIPERAZIN.

Accepting the very clear and complete clinical researches of Biessenthal, Schweninger, Ebstein, Vogt, Gautrelot, Heubach, Bardet, and other well-known physicians, general practitioners have made many interesting tests of piperazin, and have arrived at some very satisfactory conclusions concerning its value. Its chief therapeutic indication is the uric-acid diathesis, or the dyscrasia resulting from that condition. It is, unquestionably, the most energetic solvent of uric acid and uratic concrements which may be employed within the human organism without producing toxic effects. With uric acid it forms a neutral, soluble combination, while, at the same time, it dissolves the various albuminoids and their homologues. Prescribed in combination with phenacetin it has very marked influence upon the gouty condition, and promotes the absorption of undesirable exudates. The value of piperazin, in both acute and chronic gout, appears to be very decided. Schweninger reports success in 92 per cent. of his cases, and states that he could get no such results with any other remedy. Biessenthal also administered piperazin in gout, in renal colic, and in urinary hæmorrhage with perfect success. He gave it in carbonic-acid water, 1 to 500. The ordinary daily dose of piperazin is 15 grains. Some clinicians begin with 3 grains per diem, or 1 grain doses t.i.d.

A great drawback to the employment of piperazin has arisen from the fact that, while in many cases its use must be continued for a certain length of time in order to obtain its best effects, the cost of the medicament has been so high as to practically preclude its general use. It is gratifying to learn that through the enterprise of the Farbenfabriken, vorm. Freidr. Bayer & Co. (whose laboratories are at Elberfeld), a new process for the preparation of piperazin has been discovered, and, through the use of that method, the cost of this valuable new remedy has been reduced to about one-half of its former price.

W. H. Schieffelin & Co., New York, are the agents for this well-known laboratory, whose products, such as phenacetin, sulfonal, europhen, and the later product, salophen, are now employed frequently in general practice.

THERAPEUTIC NOTES.

VOMITING.

Dr. Coronedi has found bromide of strontium efficacious in allaying nausea. He states that it is especially useful in vomiting of pregnancy. It can be given either before or after meals. He employs it in doses of 15 to 45 grains.—*Deutsche Med Zeitung.*

PROCTITIS, OR INFLAMMATION OF THE RECTUM.

For proctitis, or inflammation of the rectum, Prof. Hare recommends an injection of not more than f℥ij of a saturated solution of chlorate of potassium. It should be injected very slowly and gently, and may be repeated every two or three hours.—*College and Clinical Record.*

INFANTILE DYSPEPSIA.

℞ Cascarilla tincture, . . 2 grms.
Rhubarb tincture, . . 4 grms.
Bitter orange-peel tincture,
Gentian tincture,
Nux vomica tincture, āā 8 grms.

For a child of seven, ten to fifteen drops in water, after meals.—SIMON; *Med. and Surg. Rep.*

IRITIS.

In certain cases of very painful iritis one may use the following :—

℞ Aq. destillat., . . . 10 grms.
Cocain. hydrochlorat., . 20 cgrms.
Homatropin. hydrobromat., 30 cgrms.

Homatropine used alone acts as an irritant and causes a profuse secretion of tears and pericorneal hyperæmia; the use of cocaine diminishes these phenomena.—*Med. and Surg. Rep.*

DIPHTHERIA.

The following new combination is recommended by Ozegowski in the Nouring Lekarskie :—

℞ Iodine,
Carbolic acid,
Citric acid, . . . āā 3 to 5 grms.
Brandy, enough to make . 100 grms.

This is applied on cotton compresses to the diphtheritic membranes. The author believes this remedy is infallible, and states that he has cured every case coming under his care with it. —*Pharm. Record.*

As a local application in the early stage, Dr. Chas. W. Aitkin, of Flemingsburg, Ky., says, in the American Practitioner and News, that he prefers either hydrogen peroxide in full strength or the following wash:—

℞ Kali chlorat., . . . ʒij.
Chloral. hydrat., . . ℈ij.
Bromo-chloral., . . . ʒiv.
Aquæ destillat., . q. s. ad ʒiv.
M. ft. sol.
Sig.: Use as throat-wash every hour.

RESORCIN IN WHOOPING-COUGH.

Galvagno has employed antipyrin combined with resorcin, in the following formulæ, in the treatment of whooping-cough in children:—

℞ Distilled water, . . . fʒiiiss.
Resorcin,
Antipyrin, . . . āā gr. xv.
Hydrochloric acid, . . gtt. x.
Syrup, ... fʒj.

Or,

℞ Syrup of acacia, . . fʒiiiss.
Resorcin,
Antipyrin, . . . āā gr. xv.
Syrup, ... fʒj.

M. Sig.: Of this, three to five dessertspoonfuls are given each day.—*St. Louis Clinique.*

ACETANILID FOR THE PRESERVATION OF HYPODERMIC INJECTIONS.

A writer in La Médecine Moderne recommends that acetanilid be substituted for other substances (alcohol, chloroform, salicylic acid, boric acid, glycerin) for preserving solutions for hypodermic use. Employed in small amount it is more efficacious than the substances named, and its own action can be neglected.

INHALATION FOR ASTHMA.

The following mixture, to be inhaled during an attack, is of value:—

℞ Ether, ... ʒj.
Oil turpentine, . . . ʒiv.
Benzoic acid, . . . ʒiv.
Balsam of tolu, . . . ʒij.—M.
—*Med. Age.*

DYSMENORRHŒA.

℞ Salipyrin, ... gr. xv.
Diss. in chart. no. xij.
Sig.: One powder thrice daily.—*Deutsche Med. Zeitung.*

TOOTHACHE.

The following formulæ are given in an Italian medical journal:—

℞ Sozoiodolate of soda, . . 1 part.
Sozoiodolate of potash, . 2 parts.
Glycerin to form a paste.
Put 1 or 2 drops into the cavity.

℞ Chloroform, . . . 14 parts.
Mastic, ... 8 parts.
Peruvian balsam, . . 5 parts.

Dissolve the resins in the chloroform. Two or three drops into the carious cavity.

℞ Extract of opium,
Camphor, . . . āā 1 part.
Peruvian balsam,
Mastic, . . . āā 2 parts.
Chloroform, . . . 20 parts.

℞ Chloroform,
Laudanum, . . āā eq. parts.
Creasote,
Tincture of benzoin, . āā 3 parts.

℞ Chloral hydrate,
Camphor, . . . āā 5 parts.
Cocaine, ... 1 part.

℞ Creasote,
Essence of peppermint,
Camphorated oil, . āā 2 drops.
Essence of violets, . . 5 drops.
Cocaine, ... 15 mgrms.
Chloroform, . . . q. s.
—*Med. and Surg. Rep.*

ALOPECIA.

Busquet (Annales de Dermatologie et de Syphilographie) treated eighty cases of alopecia with cinnamon-oil. He bases its use upon experiments made on the lower fungi with ethereal oils, which led him to employ antiseptic treatment in parasitic dermatoses and especially alopecia. He prescribes:—

℞ Ol. cinnamom. chin., . . 10.0
Æth. sulph., . . . 30.0

This solution is painted upon the affected surface once a day. The hair is cut as short as possible, and all washing of the scalp is forbidden during treatment.

Cases of alopecia, which had for years defied all treatment, were rapidly cured. The average duration of treatment was between three and four weeks. The first applications sometimes provoke slight redness and sensation of heat, which disappear when the treatment is omitted for a day or two.

The author treated three cases of alopecia of

the beard. Two of them had placques 5 and 3 centimetres (about 2 and 1 inches) in size. In ten days the bare spots were thickly covered with hair. The third was a case of a year's standing. He recovered in twenty-five days.

This remedy has also proven successful in favus and herpes circinatus.

OZÆNA.

℞ Sulpho-ricinate soda, . . 90.00
Naphthol-beta, . . . 10.00

Two spoonfuls in a glass of water for nasal douche.—*Revue Internat. de Rhinologie*, etc.

℞ Iodol,
Tannic acid,
Borax, . . . āā ʒj.

Use as a snuff five or six times daily.—DR. TARBAU.

TYPHOID FEVER.

As an intestinal antiseptic Dr. William Thompson, of Little Rock, Arkansas, has derived good results from the use of the following combination:—

℞ Salol, ... ʒiss.
Ol. terebinth.,
Tr. iodin., . . . āā fʒiss.
Mucilag. acaciæ, . . ʒiij.
Aq. menth. pip., q. s. ad ʒiv.
M. Sig.: Teaspoonful every three hours.

In compounding this formula the salol, ol. terebinth., and tr. iodin. should be thoroughly triturated before the other ingredients are added.—*Jour. Arkansas Med. Society.*

La Semaine Médicale relates the following treatment of typhoid fever as practiced by Dr. Klietsch, of Woerth:—

℞ Potassii iodidi, . . . ʒiss–ij.
Aquæ destillatæ et
Aquæ menth. pip., . āā ʒiiss.
Iodini, ... gr. viiss–x.
M. Sig: Eight to ten drops every two hours.

In seventy-nine cases of typhoid fever so treated was observed, after four to six days, a considerable diminution of fever, which subsided by lysis after eight to twelve days. The patient visibly improved notwithstanding the fever, the mind becoming clear, delirium disappearing, the tongue becoming clean and moist, the evacuations diminishing in frequency and losing their character of mashed peas (*purée de pois*), and regaining their normal character after fifteen days' treatment. The usual complications seen in other methods of treatment were absent. There were but two fatalities: one relapsed by neglecting the *régime* and suffered a perforation; in the other the disease was complicated by meningitis, which necessarily deferred the treatment. Dr. Klietsch thinks that the favorable effect of iodine is due to a specific microbicide action in the intestinal substance and Peyer's patches —seats of predilection of the typhoid bacillus. —*La Revue Médicale.*

COUGH-MIXTURE.

℞ Syr. tolu.,
Syr. pruni virg.,
Tinct. hyoscyami,
Spts. eth. co.,
Aquæ, . . . āā ʒj.
M. Sig.: A teaspoonful every hour.—JANEWAY.

APHTHÆ OF THE MOUTH.

℞ Sodæ sulphitis, . . . ʒj.
Aquæ, ... ℥j.
M. Ft. lotio.—JENNER.

TABLET TRITURATES.

Nitro-glycerin Comp. ℞ ("B"):—

℞ Nitro-glycerin, . . . $\frac{1}{200}$ grain.
Tinct. strophanthus, . . 3 minims.
Fld. ext. digitalis, . . 1 minim.
Strychnine, . . . $\frac{1}{60}$ grain.
Iron by hydrogen, . . 1 grain.

Nitro-glycerin Comp. (Dr. Da Costa):—

℞ Nitro-glycerin, . . . $\frac{1}{100}$ grain.
Tinct. digitalis, . . . 2 minims.
Tinct. strophanthus, . . 2 minims.
Tinct. belladonna, . . ¼ minim.

Cannabis Indica, Arsenious Acid, and Iron:—

℞ Ext. cannabis Indica, . $\frac{1}{6}$ grain.
Arsenious acid, . . . $\frac{1}{60}$ grain.
Iron by hydrogen, . . 1 grain.

Bismuth and Cerium Oxalate:—

℞ Bismuth subnitrate, . . 1 grain.
Cerium oxalate, . . ½ grain.

Cannabis Indica, Digitalis, and Iron:—

℞ Ext. cannabis Indica, . $\frac{1}{6}$ grain.
Fld. ext. digitalis, . . ½ grain.
Iron, ... 2 grains.

Parke, Davis & Co. have added to their list the above tablet triturates.—*Bulletin of Pharmacy.*

RHEUMATIC BRONCHITIS.

℞ Sodii salicylatis, . . ʒvj.
Glycerinæ, ... ʒiv.
Vini colch. rad., . . ʒvj.
Syr. scillæ comp., . . ʒiss.
Tr. opii camph., . . ʒij.

M. Sig.: A teaspoonful every three or four hours, in a little water.—Dr. N. S. Davis; *Med. and Surg. Rep.*

RESORCIN.

The merits of this drug in the treatment of malarial toxæmic conditions are hardly fully recognized. I have found it to succeed in removing the symptoms where they had persisted more or less obstinately for many months under the use of quinine, arsenic, and iron. The drug is pleasant in solutions, and easily administered to children. A good combination is:—

℞ Resorcin, ... ʒiij.
Tr. eucalypt., . . . fʒj.
Syr. limon., . . . fʒij.
Aquæ, ... fʒj.

M. Sig.: Teaspoonful three times a day.

Or,

℞ Resorcin, ... ʒiss.
Sprudel salt, . . . ʒj.
Aquæ, . . q. s. ad fʒviij.

M. Sig.: Tablespoonful three times a day.—*L'Union Médicale; St. Louis Clinique.*

PARASITICIDE OINTMENT.

L'Union Médicale gives the following ointment for the destruction of parasites:—

℞ Salicylic acid, . . . gr. xlv.
Borax, ... gr. xv.
Balsam of Peru, . . gr. xxx.
Ethereal ess. of anise, . gtt. v.
Ess. of bergamot, . . gtt. xx.
Vaselin, ... ʒvj.

Make an ointment and apply to the part affected.—*Memphis Med. Monthly.*

DIARRHŒA OF CHILDREN.

℞ Sodii boratis, . . . ʒj.
Glycerini pur., . . . ʒiv.
Tinct. corticis aurant., . ♏xlv.
Aq. destillat., . . . ʒij.

M. Sig.: A teaspoonful every one to three hours.—*Memphis Med. Monthly.*

DETECTION OF FOREIGN BODIES IN THE CORNEA.

Dr. Edward Jackson, in the Medical and Surgical Reporter, says: Another aid to the detection of foreign bodies in the cornea is the use of a solution of fluorescin. A good solution consists of:—

℞ Fluorescin, . . . 1 grain.
Sodium carbonate, . . 2 grains.
Distilled water, . . 1 fluidrachm.

A single drop of this is placed on the suspected cornea, and, after two or three minutes, the excess is allowed to be washed away by the tears. It is then found that, while on the uninjured cornea not the slightest effect has been produced, the corneal tissue in the neighborhood of any recent abrasion has been stained a noticeable light-green. This discoloration at once directs attention to the locality of the injury, and the stained tissue furnishes a background against which any foreign body of dark color is more readily seen.

SMALL-POX.

Iscar (Siglo Médico) successfully employed sublimed sulphur in a number of cases of small-pox. Its early employment seemed to materially limit suppuration. In light cases he prescribes:—

℞ Sulph. sublim., . . . ʒiiss.
Glycerin.,
Aq. flor. aurant., . āā fʒxv.
Syr. simpl., . . . fʒviiss.

M. Sig.: Shake thoroughly. Teaspoonful every hour for children; two tablespoonfuls every hour for adults.

In severe cases Iscar prescribes:—

℞ Sulph. sublim., . . . ʒx.
Glycerin., ... fʒxxx.
Aq. flor. aurant., . . fʒx.
Syr. simpl., . . . fʒxij.

M. Sig.. Shake thoroughly. Tablespoonful every two hours for children; two tablespoonfuls every hour for adults.

TONSILLITIS.

The following prescription is recommended for use as a prophylactic for persons predisposed to the development of tonsillitis:—

℞ Olei menthæ piper., . . ♏viij.
Acid. carbolic. crystal., . ʒj.
Spts. vini rectif., . . ʒij.

M. Sig.: Ten drops in a cup of warm water, morning and evening, as a gargle.—*Correspondzbl. f. Schweiz. Aerzte; Nashville Journ. Med. and Surgery.*

MALARIA.

Dr. Lawrence B. Young, of Rolesville, North Carolina, recommends, in the Medical World, the following combination:—

℞ Ammonii iodidi, . . . ʒiss.
Liq. potassii arsenitis, . ʒij.
Tinct. columbæ, . . ʒiij.
Aquæ, ... ℥ij.
M. Sig.: Teaspoonful three times a day.

The above formula is used when the paroxysms have been stopped by quinine, and to insure certainty quinine in antiperiodic doses should be given for two septenary periods.

NEURALGIC CEPHALALGIA.

In neuralgic cephalalgia and in the early stage of la grippe, when the patient complains of pains and aches from head to foot, the following has answered admirably. It also causes a reduction of temperature in la grippe :—

℞ Quininæ sulph., . . gr. ix.
Antipyrin, ... gr. xviij.
Ext. hyoscyami, . . gr. iij.
M. Ft. capsul. no. vj.
Sig.: One capsule every two or three hours.—*The Prescription.*

GALACTORRHŒA.

℞ Potassii iodidi, . . . ʒss.
Syrup raspberry, . . ʒv.
Aquæ dest., . . . ℥iv.
M. Sig.: One-half ounce three times daily.
BRAUN, *L'Union Médicale; Medical Mirror.*

BENZOL IN INFLUENZA.

Robertson (British Med. Jour.) recommends the employment of benzol in the treatment of influenza, as he has likewise found it useful in the treatment of whooping-cough. The symptoms of the disease are speedily and favorably influenced, and pneumonia seems to be prevented. Benzol can be dispensed in capsules or in mixture, in doses of 3 minims for children and 5 minims for adults, every two or three hours. The following formula may be employed :—

℞ Benzol pur., . . . ♏lxxx.
Spts. vini rect., . . . f℥ss.
Spts. chloroformi, . . f ʒiij.
Mucilag. tragacanth, ad f℥viij.
M. Sig.: A dessertspoonful at a dose, to be taken in lemonade.—*Ex.*

WARTY VEGETATIONS OF EXTERNAL GENITAL ORGANS.

℞ Salicylic acid, . . . 2 grms.
Acetic acid, . . . 30 grms.
M. For external use.

Apply to the vegetations, once or twice in twenty-four hours, by means of a small brush. Two or three applications are sufficient. The pain is slight and transient, which is an advantage.—*Doctors' Weekly.*

A POWDER FOR CORYZA.

℞ Naphthalin in an impalpable powder, ... ʒvj.
Powdered boric acid, . . ʒvj.
Powdered camphor, . . gr. xv.
Extract of violets, . . gr. xv.
Essence of roses, . . gtt. xx.
Sig.: Mix, and use as a snuff in coryza.—*L'Union Médicale.*

ZOSTER OPHTHALMICUS.

Bourgeois formulates the following method: After cleansing the affected parts with a boric-acid solution, he applies, morning and evening, a powder composed of :—

℞ Iodol. vel aristol., . . gr. viij.
Bismuth. subnitr.,
Amyl. pulv., . . āā ʒj.—M.

The pain is relieved by hypodermic injections of morphine or by chloral hydrate and antipyrin. The complications in the cornea and iris are treated by means of the constant current of four to six milliampères.—*Deutsche Med. Zeitung.*

LUMBAGO.

Dr. C. M. Brucker, of Tell City, Ind., prescribes with success for lumbago :—

℞ Potassii iodidi, . . . ʒij.
Tinct. macrotrys (herb. virid), ʒij.
Tinct. rhus tox. (herb. virid), . gtt. x.
Aq. ol. menth. pip., q. s. ad ℥iv.
M. Sig.: Teaspoonful every three hours; later, three times a day. Take mixed with water.

PICOT'S SOLUTION.

℞ Guaiacol, ... gr. lxxv.
Iodoform, ... gr. xv.
Olive-oil, ... ʒvij.
Liquid vaselin, q. s. to make f℥iiiss.

PIGNOL'S SOLUTION.

℞ Eucalyptol, . . . ʒiiiss.
Guaiacol, ... gr. lxxv.
Iodoform, ... gr. xv.
Almond-oil, . to make f℥iiiss.
—*Prescription.*

GALACTAGOGUES.

Mlle. Griniewitch (Le Bulletin Médicale) has studied this subject in her thesis. Electricity, galega, anise-seed, fennel, the stinging nettle, and the cumin-seed exercise a certain

action on the flow of milk of woman as well as that of the cow. The authoress has always observed an increase of the lacteal secretion after the use of these substances, while the quality of the milk was not deteriorated. The density of the milk remains that of the normal, while the quantity of fatty matter is increased. Another proof of the good quality of the milk is the excellent condition of the children nursed by the mothers while under the influence of the galactagogues. Amongst twelve which the writer had under her observation, not one suffered from the milk which it nursed; on the contrary, those which had been unwell underwent a great improvement. The health of the women was not less favorable than that of the children; they were not in the least weakened. Galega seems to be the most active; next in order of efficacy are the stinging nettle, cumin-seed, anise-seed, and, last of all, fennel. The following are the formulæ:—

Galega.—Tincture:—

℞ Extract of galega, . . ℥ij.
Alcohol (60 per cent.), . ℥xxxij.

Two hundred and fifty to five hundred drops per diem, in doses of fifty to one hundred drops.

Syrup:—

℞ Extract of galega, . . ℥iss.
Simple syrup, . . . ℥xxxij.

Four to five soup-spoonfuls per diem.

Pills:—

℞ Extract of galega, . . gr. iv.
Excipient, ... q. s.

Sufficient for one pill. One to four pills a day.

Stinging nettle.—Tincture:—

℞ Extract stinging nettle, . ℥viss.
Alcohol (60 per cent.), . ℥xxxij.

Two hundred and fifty to five hundred drops per diem.

Syrup:—

℞ Extract stinging nettle, . ℥viss.
Simple syrup, . . . ℥xxxij.

Four to five spoonfuls a day.

The powdered cumin-seed, anise-seed, or fennel-seed may be taken in daily doses of 1 to 5 grammes (15 grains to 1½ drachms) per diem, in doses of 1 gramme (15 grains).—*Lancet Clinic; Western Med. Rep.*

TREATMENT OF CHANCROIDS WITH PHIMOSIS.

Cordier recommends the following treatment of chancroids concealed beneath a phimosis, congenital or acquired: (1) Wash out beneath the prepuce with a solution of boric acid; (2) inject a saturated solution of chloride of zinc (50 parts of zinc chloride in 40 of distilled water) beneath the prepuce, and allow it to remain at least one minute, but not more than two; (3) wash with boric solution and circumcise. By this method union by first intention is obtained.—*Lyon Médicale; West. Med. Rep.*

HOW TO REMOVE NITRATE-OF-SILVER STAINS FROM THE FINGERS.

A correspondent of the Scientific American gives the following harmless process:—

First paint the blackened parts with tincture of iodine; let remain until the black becomes white. The skin will then be red, but by applying ammonia the iodine will be bleached, leaving white instead of black stains of nitrate of silver.—*Ibid.*

DIARRHŒA, CHOLERA MORBUS, AND COLIC.

℞ Tinct. capsici,
Tinct. opii,
Tinct. rhei,
Spirit. camphoræ,
Essent. menthæ piperitæ, āā ƒ℥ij.

M. Sig.: Fifteen to thirty drops in a little cold water, according to age and violence of symptoms, repeated every fifteen or twenty minutes until relief is obtained.—*Coll. and Clin. Record.*

SALICYLATE OF LITHIA.

Dr. Vulpian states that salicylate of lithia is more efficacious than salicylate of soda in cases of acute and progressive subacute articular rheumatism. It also has some effect in chronic cases when a certain number of the joints are still deformed, swollen, and painful.—*St. Louis Clinique.*

GASTRO-INTESTINAL DYSPEPSIA.

Prof. Dujardin-Beaumetz gives as a laxative a dessertspoonful of the following mixture at bed-time:—

℞ Powdered senna-pods,
Washed sulphur, . āā ℥iss.
Powdered fennel-seed,
Star-anise, . . . āā gr. x.
Cream of tartar, . . ℥ss.
Powdered sugar, . . ℥vj.
Powdered licorice, . . ℥ij.—M.

—*N. Y. Med. Abstract; Coll. and Clin. Record.*

TO ABORT BOILS.

℞ Camphoræ, . . . ℥ij.
Chloroformi, . . . ʒss.
M. et solve.
Sig.: Apply with tip of finger hourly for one day.

It will abort all boils when used before suppuration has begun.—*St. Louis Clinique.*

HYPERTROPHY OF THE TONSILS.

Syrup of the iodide, in combination with codliver-oil; the tonsils painted once daily with one of the following:—

℞ Tinct. ferri chlor., . . fʒj.
Glycerinæ, ... fʒss.
M. Sig.: Apply.

℞ Ammon. iodidi, . . . gr. x–ʒss.
Glycerinæ, ... fʒj.
M. Sig.: Apply every night with brush.—WARING.

℞ Liq. ferri perchlorid., . . fʒss–j.
Glycerinæ, ... fʒj.
M. Sig.: Paint over tonsils once or twice daily.—MACKENZIE.

℞ Liq. iodi comp., . . fʒij.
Glycerinæ, . . q. s. ad fʒj.
M. Sig.: Paint once daily.—STARR.

In marked hypertrophy the solid nitrate-of-silver point may be passed into the follicles of each gland and then applied over the whole mucous surface every other day. Should this fail, excision must be resorted to.—POWELL, *Essent. Dis. Children.*

CATARRH OF THE HEAD.

℞ Hydrastis, ... ʒj.
Distilled hamamelis, . . ʒj.
Water, ... ℥ij.—M.

Use the atomizer twice a day. It will produce excellent results.—*The Prescription.*

CANNABIS INDICA.

It is doubtful whether there has yet been found a drug more efficient for the relief of migraine. Twenty drops of the tincture, three times a day, should be given. I have just discharged a case where the attacks came three or four times a week. During and after the use of a two-ounce bottle she has remained well for some months. Patient is a saleswoman aged 23.—*St. Louis Clinique.*

TAR IN BRONCHITIS.

Ferrard proposes this combination for chronic bronchitis:—

℞ Purified tar, . . . gr. xv.
Dover's powder, . . gr. xx.
Powd. gum benzoin, . . q. s.
Divide in 20 pills.
Sig.: 1 to 4 a day.

It is also advisable to add a light purgative twice a week, and to rub the patient with ammoniacal ointment on the back and chest; inhalations of chloride of ammonium.—*Kansas City Med. Index.*

CHRONIC PHARYNGITIS.

℞ Ergotin, ... 0.75.
Tr. iodine, ... 4.
Glycerin, ... 30.
Locally three times a day by a brush.

PILLS FOR THE PAINS OF POST-PARTUM UTERINE COLIC.

℞ Quinine sulph., . . . gr. xv.
Powd. opium, . . . gr. viij.
Extract of trifolium, . . q. s.
For fifteen pills. One pill every two or three hours until cessation of the pains.—RUTHERFORD, in *Times and Register.*

PREPARATIONS CONTAINING PHOSPHATE OF CALCIUM.

La Médecine Moderne gives from Pharm. Zeit. the following formula:—

Solution of Chlorhydrophosphate of Calcium.

℞ Calcii phosphat., . . ʒss.
Acid. muriat. dil., . . ʒiiss.
Aq. destill., . . . ʒxxx.

Syrup of Chlorhydrophosphate of Calcium.

℞ Calcii phosphat., . . ʒss.
Acid. hydrochlor. dil., . ʒij.
Aq. dest., ... ʒxiv.
Sacchar., ... ʒxx.
Essent. neroli, . . . q. s.

Syrup of Lactophosphate of Calcium.

℞ Calcii phosphat., . . ʒss.
Acid. lactici, . . . ʒiiiss.
Aq. dest., ... ʒxiv.
Sacchar., ... ʒxx.
Essent. neroli, . . . q. s.

Syrup of Ferrolactophosphate of Calcium.

℞ Ferri sulph. pur., . . ʒiss.
Calcii monophosphat., . ʒss.
Acid. lactici, . . . ʒv.
Aq. destill., . . . ʒx.
Sacchar., ... ʒxx.
Essent. neroli, . . . q. s.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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THE LESSONS OF CHOLERA.

THE School of Experience is always in session, and from it we cannot for an instant escape in our progress from the cradle to the grave. We live in complete subjection to the operation of immutable laws. The customs, the thoughts, the actions, and the influence of every individual are subject to law just as truly as the revolution of the heavenly bodies in their spheres, the winds and tides, the fall of rain or snow, the effects of heat and cold upon the forms of matter, the growth of vegetation, or the distribution and habits of the lower forms of animal creatures. The manifestations of vegetable and animal life, from the lowest to the highest stage of development, are equally subject to the control of fixed, unerring, and unalterable laws. The vegetable spore, which may lie torpid and inactive for years and centuries, to be awakened into an activity indefinitely prolonged when the surrounding circumstances permit, can, in either case, but obey the laws upon which its being depends. The man of genius, whose existence the microscopic spore may threaten, holds his life under the same tenure of obedience to nature's laws.

This is the plain first lesson of experience, and it would seem that the lesson should be so graven upon our consciousness that its characters could never fade. "The burnt child dreads the fire." The boy or girl who falls from a fence, a swing, or branch of a tree receives a demonstration of the law of gravity which can never be forgotton. Whoso falls into the water without having learned to swim is lost, unless another force interpose. He who consumes poison will perish, unless an effectual antidote can be speedily supplied. These are elementary facts which we learn by our personal or acquired experience. These are rules by which we must guide our lives. No genius, learning, innocence, or worth can save us from the penalty of transgression. A young Bichat, whose life was so fruitful and so valuable, is fatally injured by falling downstairs just as surely as the drunken wretch, whose career has brought ruin upon himself and misery upon his family.

Such reflections are so familiar to the scientific, or even philosophical, mind that they seem the merest truisms; yet, except in the narrowest sense, they are continually forgotten by the masses of mankind. Imperfect conceptions of the relation of mankind to external nature, erroneous theological tenets, superstition, the fancy of poets, a keen sense of personality, or even supreme thoughtlessness, have done much to obscure the general recognition of the immutability of law. A century and more ago Voltaire ridiculed the false morality which traced a relation between human events and convulsions of nature:—

> "Direz vous, en voyant cet amas de victimes:
> Dieu s'est vengé, leur mort est le prix de leur crimes?
> Quel crime, quelle faute ont commis ces enfans
> Sur le sein maternel ecrasés et sanglants?
> Lisbonne qui n'est plus, eut-elle plus de vices
> Que Londres, que Paris, plongés dans les délices?
> Lisbonne est abîmée, et l'on danse à Paris."

In the same spirit these lines have been written in our mother-tongue:—

> "When the loose mountain trembles from on high
> Shall Gravitation cease if you go by?
> Or some old temple, nodding to its fall,
> For Chartres' head reserve the hanging wall?"

The imaginative view is partially touched upon by Dickens, in his graphic style, when he describes the night-ride of the outcast, Rudge, to London: "There are times when, the elements being in unusual commotion, those who are bent on daring enterprises, or agitated by great thoughts, whether of good or evil, feel a mysterious sympathy with the tumult of nature, and are roused into corresponding violence. In the midst of thunder, lightning, and storm many tremendous deeds have been committed; men, self-possessed before, have given a sudden loose to passions they could no longer control. The demons of wrath and despair have striven to emulate those who ride the whirlwind and direct the

storm; and man, lashed into madness with the roaring winds and boiling waters, has become for the time as wild and merciless as the elements themselves. Whether the traveler was possessed by thoughts which the fury of the night had heated and stimulated, or was merely impelled by some strong motive to reach his journey's end, on he swept, more like a hunted phantom than a man."

That turmoil of the elements should exert a powerful influence upon daring spirits is comprehensible, and we may even perceive how an unconscious, but strong, egoism may reverse the relation of cause and effect, and recognize in the throes of external nature a sympathy with the exaltation of the human mind.

Physical laws are rigidly fixed and must be observed with implicit obedience. They regulate the manifestations of every species of force inherent in matter. All phenomena are under their control. The usual occupations of life confer a rudimentary knowledge of the operations of nature and the most conspicuous properties of matter. It is the work of science to extend and render exact this cursory acquaintance. The laws and forces of nature are, in themselves, neither our friends nor our enemies. They operate independently of us, and yet we have the power, within certain limitations, of rendering them subservient to our welfare. The laws of gravity, of heat, electricity, and chemical affinity are constantly working for our advantage in workshop and laboratory.

If the human mind, though quick to acknowledge the truth of the broad statement that law controls or influences every manifestation, is yet prone to cherish a belief in exceptional deviations, this disposition is peculiarly strong when the functions of our own bodies and minds are in question. The workings of the human intellect, so wonderful in its highest development, have often tended to confuse the appreciation that we ourselves, no less than other organic and inorganic, dead or living components of the universe, are the product of external laws. Science, however, has steadily, though often slowly, proceeded to test the relation of structure and function, cause and effect. The Vital Force of our fathers has been decomposed into its elements, and is for us only the united and complementary action of those physical forces upon which conscious life depends. Physiology must constantly consult physics and chemistry. Ordered and disordered function are alike under the government of law. When we have discovered the cause of the former we have obtained the clue to the genesis of the latter.

We may well be appalled when we contemplate how much suffering is due to causes which might have been prevented. Individual habits, individual errors are responsible for a vast amount of disease. And if this be true of the individual, what an enormous increase is engendered when individuals are aggregated into large communities. "A little leaven leaveneth the whole lump." Acutely infectious disorders rage with frightful severity in those cities in which individual and general sanitary precautions are neglected. The efforts to secure personal cleanliness, in the widest sense of the word, should seem no hardship to right-minded men and women. To those who have habituated themselves to a rational and cosmetic care of the body, personal neglect is a matter of abhorrence. The use of the bath, a rational regimen, an equable mind, sufficient rest, so fortify the system that it does not readily fall a prey to pestilence. Contrary modes of life produce contrary results and the uncleanly, the intemperate, the anxious, and the overworked are those who constitute the most numerous victims of epidemic diseases.

The exact studies of science have taught us much concerning the origin and mode of propagation of these disorders. The methods which our predecessors slowly formulated, in the light of costly experience, we may now improve or, at least, appreciate more thoroughly the manner in which they act. The material causes of all infectious processes have by no means yet been discovered, yet we have learned much concerning the biology common to most pathogenetic micro-organisms. Fortunately, as regards cholera our information is more exact, and in the comma bacillus discovered by Robert Koch we recognize the exciting cause of the affection. The life-history of this organism is known. It is an aërobic parasite, presents the form of spiral-shaped rods, is present in the ejecta and dejecta of cholera

patients, may be cultivated in various organic media, gives rise to specific chemical products, is capable of living and multiplying in water, especially when organic material is present. Any article whatsoever upon which discharges have been received in any manner whatsoever is liable to spread the disease. It is of the utmost importance that such articles should be thoroughly disinfected and, as far as possible, destroyed by fire. Water and milk become suspected fluids and should be boiled before using, and should not be allowed to stand long before being consumed. Only thoroughly and recently cooked food should be eaten. The germ infects the system through the alimentary canal, and never, it is thought, through the lungs. We are told by Dr. Shakespeare that the tendency to infection varies exceedingly among individuals, and is, with the majority, small. The same authority also states it as a law of experience that disturbed conditions of the digestive apparatus greatly increase the susceptibility of an individual and render him far more liable to an attack after exposure to the infection.

As regards the public health, and the preservation of large communities from an outbreak of cholera whence, according to the necessities of travel, the disease may be transported to every part of the country, the experience of last summer should have taught us several lessons. The problems which confront us in such an emergency are two: first, how to keep the disease from gaining a foothold on shore; second, how to prevent the disease from spreading in case it does obtain a foothold on shore. To accomplish the first object the quarantine system has been established. Efficient quarantine can do much to prevent the entrance of cholera, but we cannot expect it to be absolutely successful. We do, however, earnestly advocate the assumption by the General Government of the control of the quarantine. There is abundant occupation for Municipal Boards of Health, for State Boards of Health, without attempting to defend their borders. A conflict of authority in such matters is absurd. Let the National Government take every precaution known to science in order to keep out the pestilence. The local boards will have enough to do to place their territories in such sanitary condition that, if the cordon is penetrated here and there, the disease shall fail to spread by the absence of conditions favorable to the development and propagation of its material cause. Membership in a sanitary body should be regarded as a profession or, at least, a specialty in itself, and not as a mere incidental and routine matter or, perhaps, a civic honor. Health officers should be chosen for their special acquaintance with the varied and highly-important duties which they shall have to perform. Municipal sanitation must be sedulously promoted when epidemic disease threatens to enter a community. The water-supply should be the purest possible; the sewerage system should be the most effective possible. The water-supply is always a momentous question, but its importance becomes immensely heightened in the presence of an impending epidemic of cholera. Sanitary experts should rigidly investigate the drainage and learn that the refuse of every house receives a proper and a safe disposition. The habits of the poor, the careless, the vicious, should be superintended. The streets should be well swept and well watered. Garbage should be speedily removed and destroyed.

Under the stimulation of actual danger precautionary measures are hurriedly adopted, and the efforts of Health Boards are sustained by extra grants from the public treasury. The threatened invasion of last summer was happily warded off; but in view of the possible resurgence of the disease in the spring, sanitary and municipal authorities should endeavor to concert during the winter the most effective means of defense. We have been forewarned; by spring we should be forearmed.

FEAR AS A FACTOR IN DISEASE.

THE influence which the mind exerts upon bodily conditions is a subject of interest and, in certain aspects, of practical importance. Expectant attention has an effect upon the innervation, capillary circulation, and nutritive state of any part. Fear retards the action of the heart, has a powerful effect upon various secretions, and, in some instances, seems to be capable of producing an

alteration in the composition of the blood. It causes contraction of unstriped muscular tissue, with expulsion of the contents of bladder or rectum. Pallor and contraction of the skin, erection of the hairs, a coldness of the surface, a sensation of chilliness, or an actual reduction of the temperature, are among the physical consequences of this powerfully-depressant emotion. Loss of general sensibility, of susceptibility to pain, blindness, or deafness have been known to follow a severe fright. Convulsive attacks are sometimes the result of extreme terror. This is particularly the case in children of delicate, nervous organization. A few years ago a boy, 12 years of age, was passing, late one winter afternoon, a lonely spot in the woods where a murder had once been committed, and which was popularly believed to be haunted. A number of his playfellows, in a spirit of mischief, disguised themselves in such a manner as to represent ghosts, suddenly presented themselves with noises and shrieks before the lad, who fled in terror, pursued by his tormentors. Reaching home, he fell into convulsions and died at the end of a week, never in the meanwhile recovering his mind. A woman who had been thrown from a wagon, sustaining rather severe injuries, was carried into the nearest house. So profoundly shocked was the hostess at the sight of the bruised and bleeding body that she died shortly afterward from the effects. Strong men have been known to be as fatally affected. The case has been recorded of a deserting soldier who, when apprehended, was so much terrified that he lost the power of speech. At his trial, and in the prison to which he was condemned, he remained speechless, took no notice of what passed, and neither ate nor drank. After passing twenty days in this apathetic condition he gradually sank and died. Professor Bennett has related the case of a butcher, who slipped while trying to place a heavy piece of meat upon the hook. He was caught by the sleeve of his coat and hung suspended. So profound was his impression that he had been wounded that, when the garment was removed in order to permit an examination, he cried out with excessive pain. The flesh, however, had not been broken. The symptoms of tetanus and hydrophobia have been produced by fear. Even physicians have not been exempt from such manifestations. Trousseau asserts that he had known physicians of strong mind and courage to suffer from attacks of dysphagia for months, or even years, after attending and performing autopsies in cases of rabies.

Dr. Tuke, in his well-known work on the subject, quotes from Dr. Erasmus Darwin the interesting case of a young farmer whose hedges were broken and the sticks carried away by night. Resolving to detect the culprit, he lay for many hours, one cold night, under a hay-stack, and at length apprehended an old woman as she began to pull up the hedge. The discomfited thief, deprived of her booty, raised her arms and exclaimed: "Heaven grant that thou never mayst know again the blessing to be warm!" Impressed by the malediction, the farmer hurried home, covered himself in vain with clothing, and soon took to his bed, saying that nothing made him warm. In his bed he remained until his death, more than twenty years after, always complaining of cold. The constant fear of taking cold undoubtedly acts as a factor in its production. Anæmia, purpura, and jaundice may occur as the result of a fright. Dr. Anthony Todd Thompson relates the case of a young man who, having a musket pointed at his breast, suddenly became deeply jaundiced, was taken to a hospital, and died. Another well-known instance is that of a duellist, who became jaundiced as he stood facing his opponent before the swords had been crossed. Continued fear or dread is among the causes productive of diabetes mellitus. Dread of a proposed operation has caused death in the absence of surgical intervention. On the other hand, the same emotion has had an opposite effect, and has removed the condition—*e.g.*, an ascites—for which an operation seemed necessary.

Fear exerts a remarkable influence upon the secretion of the mammary gland. It may be instantly suppressed, or it may be altered in chemical composition and act as a deadly poison to the suckling babe. A striking instance of the kind is quoted by Dr. Carpenter: "A carpenter fell into a quarrel with a soldier billeted in his house, and was set upon by the latter with his drawn sword. The wife of the

carpenter at first trembled from fear and terror, and then suddenly threw herself furiously between the combatants, wrested the sword from the soldier's hand, broke it in pieces, and threw it away. During the tumult, some neighbors came in and separated the men. While in this state of strong excitement, the mother took up her child from the cradle, where it lay playing, and in the most perfect health, never having had a moment's illness; she gave it the breast, and in so doing sealed its fate. In a few minutes the infant left off sucking, became restless, panted, and sank dead upon its mother's bosom. The physician, who was instantly called in, found the child lying in the cradle, as if asleep, and with its features undisturbed. But all his resources were fruitless; it was irrecoverably gone." The same author adduces other examples, in which inflammatory processes were occasioned by fear. Fear may act as a powerful predisposing cause to specific infectious disease. These affections are excited by the development of specific organisms, which intoxicate the system by their products. Manifestly a depressing emotion, though it may cause a counterfeit of the symptoms characteristic of such maladies, cannot inaugurate them in the absence of their specific germs. When, however, these parasites are present, fear contributes to their spread by depressing the resistant powers of the economy. It may, also, produce the same effect in a more direct manner. During the prevalence of epidemics panics of fright often seize upon whole communities. Under these circumstances, a reckless desperation may be engendered, leading individuals to neglect those precautions which had been shown to be of use. A knowledge of the natural history of infectious diseases and their modes of propagation, together with the absence of fear, is the explanation of the comparative immunity which medical men enjoy. In epidemics, especially of yellow fever and cholera, many lives have been sacrificed by reason of fear of the disease. This apprehension predisposes to an attack, and at the same time renders the prognosis more grave. It is noteworthy, however, that with the acquisition of more exact knowledge by the profession concerning these diseases, its dissemination among a public more enlightened than in former days, we see less of those panics of terror which were formerly so common. An educated public will gladly follow the precautionary measures recommended by medical authorities, and, relying on personal and general prophylaxis, will not so readily fall a prey to imaginary terrors.

CORRESPONDENCE.

EPHRAIM'S TRAGIC END, AS PHYSICIANS COULD NOT CURE HIM.

To the Editor of the Medical Bulletin.

DEAR SIR: I have long known Ephraim. He has had a rather hard time of it. In the Bible the drunkards of Ephraim are denounced. He is called a cake not turned; a feeder on the east wind. In college his heart was sung of as "broke." His name is even spelt wrong on his monuments. He has been thought an austere, lean, ill-favored man. I have known him to be taken for his father's father, and at another time for his son's son! But I don't remember that any Ephraim has had a more tragic end than Ephraim J. Burch, 64 years old, of Jersey City Heights, who suicided by shooting himself with a 38-calibre revolver in the mouth. If correctly reported he had a comfortable support, but had chronic Bright's disease and heart trouble. Getting no relief from local physicians, he consulted specialists in New York and was told that he could not be cured and would die in a few months. Ephraim became despondent, and his family watched him closely, fearing he would take his own life. He did so with a materialistic reality that eclipsed any performance on the stage in the theatre, where imitations have more attention than the things imitated.

It seems to me that something should be said about the tragic end of Ephraim, not for the benefit of the dead exactly, but of the living Ephraims who may be frightened to death by pronunciamentos of incurability.

1. Ephraim labored under a disadvantage in the nomenclature of his diseases which masquerade under false and misleading names. Bright's disease is chiefly a fatty degeneration of the kidneys or lungs due to improper feeding on fats, starches, and sugars in excess. The heart trouble which goes along with Bright's disease generally consists in the same fatty degeneration of its muscular structures, combined with enlargement by dilatation, with valvular lesions or not, as the case may be. In other words, Ephraim had a systemic condition of fatty degeneration manifested in the kidneys and heart, curable like typhoid, for example. This idea

is an American one, worthy of full promulgation in these centennial times, when so much is done about the new world which Columbus was said to have discovered. It is time that this masquerading of diseases was stopped and let the poor Ephraims have a better chance for life.

2. I don't dispute the dicta of the specialists. It may be and probably was the case that our Ephraim would have died in a few months, as he surely did in a few days by the pistol-shot. But certainly Ephraim should have made a better fight for life than he did, and sometimes fatal prognoses are incorrect. I don't think these diseases of fatty degeneration incurable. In proof of this I showed three such cases called Bright's disease, cured, at the meeting of the American Medical Association, 1889, at Newport, Rhode Island. Having taken these pains, I have a right to refer to them more. I know of other physicians before my time who have cured such cases on the plan of stopping the fatty degeneration by regulating the food. In view of this experience, it does not do for physicians to say to their patients absolutely that these diseases are incurable. If they do they go back on themselves and on their organizations, which are formal, to receive and make known the reports and evidences of any advances in the treatment of any disease practiced by any of their members, as contributions for the common good. If they will not receive such reports and evidences, then they go contrary to the objects of their associations. I must say that some physicians to whom the three above cases were shown shrugged their shoulders in unbelief. But unbelief does not alter facts. If it did, we should not now be having a Columbian celebration. Columbus had to wait, jeered and sneered at for many years, and until a woman took him up he did not stop the jeering. So they jeer at one who says that these diseases of fatty degeneration can be cured, and poor Ephraim shot himself with a pistol!! What a tragedy!

3. Ephraim's chances against suicide will be better when the profession appreciate that the whole kit of diseases of fatty degeneration come from too much starch and sugar; from impeded and retarded circulation of the blood; from want of exercise; from alcoholism, whether from drinking in excess or from food fermenting in excess in the alimentary canal and producing alcohol inside; artificially from phosphorus poisoning; the injection of a watery solution of common sugar underneath the skin; from ligatures about the body; from fat in excess in the food; from local paralysis, as in hemiplegia. To be sure, fatty degeneration is a normal process in the subinvolution of the uterus after delivery, and in the corpus lutea. Also fat is normally deposited in the body, as in the interspaces between the muscles; the bottom of the orbit; in the cells of the liver and mammary gland; in the sebaceous follicles of the skin,—to name no more.

But where fat is deposited in large excess in the substance of the kidneys, lungs, heart, liver, and muscular system, then it is out of place and a diseased condition.

Ephraim is not the only sufferer from the want of the knowledge that fatty degeneration can be relieved by nature's processes of healing when she is furnished with the right kind of food and medication. Many a more brilliant and useful public and private life has been and is being cut off for want of this. When this condition is removed, then will the reports of sudden and shocking deaths be less frequent. There will be less mourning when blows are struck at the prime causes of fatty degeneration, instead of treating the results and letting the causes run on. Ephraim protests against this foul treatment of Ephraim. Why not try to save Ephraim from his physiological sins, keep him alive and spare him from such a tragical fate as the poor Ephraim reported as taking his life because his doctors could not cure him!

EPHRAIM CUTTER.

NEW YORK.

THE ENGLISH DISEASE. — The poor, unenlightened Mohammedans of Damascus, who couldn't be expected to know better, call drunken men victims of the "English disease."

IMMUNITY AGAINST TYPHOID.—Bruschettini, in his experiments to obtain cultures affording immunity against typhoid, tried the effect of cultures in rabbits' blood, and found that the liquid portions, when injected under the skin, did not cause death, but a prolonged rise of temperature and progressive wasting. Injections into the peritoneum caused death in from three to five days, preceded by a rise of temperature and wasting. Injections into the blood of 3 to 5 cubic centimetres of similar cultures also caused death with the same symptoms in rabbits after about four days. He found it possible to obtain immunity to the disease with the aid of these cultures, heated for an hour at 60° C., and also with old gelatin and broth cultures; that to obtain such a result it is necessary to employ about 20 cubic centimetres of heated blood culture, or 50 cubic centimetres of old broth or gelatin culture, given subcutaneously; that the serum of such immunized animals has great bactericidal powers in relation to the typhoid bacillus, much greater than that of the normal rabbit; finally, the serum of such immunized rabbits possesses marked antitoxic actions against the typhoid bacillus.— *Times and Register.*

MEDICAL NEWS AND MISCELLANY.

THE Czar's physician, Dr. Obermueller, aged 55 years, is dead.

THE Third Congress of Tuberculosis will be held at Paris in July, 1893.

THE seventy-ninth annual meeting of the Vermont State Medical Society was held at Montpelier, October 13th and 14th.

THE Hospital for Consumptives, of Frankfort, Germany, was recently opened. It is under the medical supervision of Dr. Dettweiler.

A RECENTLY-ELECTED Professor of the Children's Clinic, at Innspruck, resigned the post because he had neither a lecture-room nor a clinic.

DR. FREDERICK PETERSON, of New York, has been appointed Professor of Nervous Diseases in the Medical School of the University of Vermont.

WE have to thank Dr. Francis W. Shain, a member of the Board, for a copy of the Manual of the Board of Education of Jersey City for 1892–93.

DR. TUEFFEL, body physician to the King of Wurtemburg, who became suddenly insane lately and was removed to an asylum in Berlin, has commited suicide there.

DR. R. B. MORISON, of Johns Hopkins Hospital, who was ill with typhoid fever at Narragansett Pier several months, has returned to his home fully recovered.

DR. J. COLLINS WARREN, of the Harvard Medical School, has accepted the executive presidency of the Section on Medical Pedagogies of the Pan-American Medical Congress.

THE highest legal tribunal in Germany has decided that legal human life does not begin in the fœtus until labor has set in, and that its destruction before full term is not murder. This is progressive retrogression.—*Med. Rev.*

First Steamer Passenger—"I intend to take in the Isle of Wight for my health this summer."
Second Steamer Passenger—"I hope it will do you more good than the ile of cod I've been takin' in these seven summers."

ITALIAN CONGRESS OF INTERNAL MEDICINE.—The Fifth Congress of the Italian Society of Internal Medicine was held in Rome from October 25th to 28th, under the presidency of Professor Guido Baccelli.

ILLINOIS COLLEGE OF PHARMACY, CHICAGO.—The splendid new building of this School of Pharmacy of Northwestern University is now under roof, and it will be ready in good season for the next regular course of instruction, which will begin on the 2d of March, 1893.

DR. ENOCH CHASE, the first physician to settle in Milwaukee, died in that city recently at the age of eighty-three years. He settled on the city site fifty-seven years ago, and the city grew up with him.

AT a trial held some time ago in Ireland, one of the jurors asked to be excused from serving on a jury. *Judge*—"For what reason?" *Juror*—"My lord, I've got the itch." *Judge, to the Clerk*—"Scratch him out."

THE German Anthropological Congress will hold its next (twenty-fourth) annual meeting at Hanover in 1893. Professor Virchow has been chosen President, with Professors Waldeyer and Schaafhausen as Vice-Presidents.

THE new clinic and operating-room of the Philadelphia Hospital was formally opened on Saturday, October 8th, at 4.30 P.M. Addresses were delivered by Mayor Edwin S. Stewart, Wm. H. Lambert, Esq., Dr. Roland G. Curtin, and others.

DEARTH OF HOSPITAL NURSES IN PARIS.—M. Laurent, of the Municipal Council of Paris, is reported to have said that nurses and ward attendants are so badly paid that they can only be recruited from "saintly heroines and the scum of the population who cannot get other employment."

DR. GEO. M. GOULD, author of "The New Medical Dictionary," has prepared a very complete table of the official and unofficial drugs, with doses in both the metric and English systems; this table is to be published in P. Blakiston, Son & Co's. "Physicians' Visiting-List," for 1893, together with a short description of the metric system.

IT is a noteworthy fact that not a single case of small-pox occurred during the year 1890 in the British army. If this be not evidence of the protection afforded by revaccination against a malady once so common,—and still disastrously fatal in armies where this precaution is not vigorously enforced,—then logic and reason are mere accomplishments.—*Doctors' Weekly.*

REMARKABLE AGE.—Mrs. Margarita Rivera, grandmother of Governor Calan, of Coahuila, died at Monterey, Mexico, at the age of 132 years. She was born in Spain and came to Mexico over a century ago. She recently received, from the Archbishop at Madrid, a copy of the Cathedral record of her birth. Her health for the past several years had been very feeble and she was confined to her room.

CHANGE OF LOCATION.—Communications to Drs. Ephraim Cutter and John A. Cutter are to be addressed hereafter to "Heartrest Sanatory," corner of Mott Avenue and 165th Street, New York. Offices for consultation in New York will be at 120 Broadway. Dr Ephraim Cutter also visits Boston every other Tuesday and is to be seen at 62 Boylston Street, corner of Tremont, room 960.

DEDICATION OF THE SCHEELE MONUMENT.—December 9th was set as the day for the dedication of the memorial erected at Stockholm in honor of our great colleague Scheele. His birth occurred on December 9, 1742, one hundred and fifty years ago, in Stralsund, Sweden. The celebrated Arctic traveler, Professor Nordenskjold, will shortly publish letters and manuscripts of Scheele collected by him.—*Apotheker Zeitung.*

MONSTROUS HYPERTROPHY OF THE PROSTATE.—Dr. Adler presented at the Freie Verein der Chir., in Berlin, the following history: A patient of 66 years had for fifteen years suffered from difficulty in urination, but had used the catheter without trouble until recently, when severe bleeding was occasioned by its introduction. Supra-pubic and, subsequently, perineal cystotomy were done, but no permanent relief was afforded. The blood oozed from the prostate as from a sponge. The Paquelin cautery was employed, but death soon took place. The prostate measured six and one-half centimetres wide and twenty centimetres long.—*Med. and Surg. Rep.*

STUDYING ABROAD.—Dr. Isadore M. Koch, who has been abroad studying in Vienna for the past two years, recently returned home on account of the death of his mother, and again sailed for Germany on November 12th. The doctor proposes to complete his studies during the next two years in the Berlin, Paris, and London Hospitals. He will remain all winter in Berlin as a student of the distinguished Professor Koch and other specialists.

DRS. W. CHEATHAM AND W. B. PUSEY, of Louisville, Kentucky, have issued a report on intubation. Dr. Cheatham has performed 56 operations, with 34 deaths and 22 recoveries, a percentage of 39.28 recoveries. Dr. Pusey has operated seventy times, with 37 deaths and 33 recoveries,—47.14 per cent. of recoveries. The total number of cases was 126; total number of deaths, 71; of recoveries, 55, making a total of 43.65 per cent. of recoveries.

WE have received from William Wood & Company, of New York, a sample illustrating the most recent of their series of pictures for physicians' offices and libraries. The pictures are exact copies (not photographs) of India proof engravings and oil-paintings, printed on extra-heavy plate-paper suitable for framing. The selections are seventeen in number and, with one exception, are sold for the low price of $1.00 each. The exception, the price of which is $2.00, represents Professor Billroth's surgical clinic at the Vienna General Hospital.

A FATAL CASE OF BROMIDE OF ETHYL NARCOSIS.—From Professor Billroth's clinic comes a warning which is reported by Dr. Alfred Gleich. Having successfully employed this anæsthetic in nearly four hundred instances, he records a fatal issue after the use of 5 drachms. The operation was multiple incision in a carbuncle in right deltoid region, and death resulted in three minutes from the commencement of the narcosis, the heart and respiration ceasing. The necropsy showed parenchymatous and fatty degeneration of the walls of both ventricles of the heart, as did the liver, and parenchymatous degeneration of the renal epithelium.—*Amer. Jour. Med. Sci.*

SEVENTEEN CASES OF MONILIFORM HAIR IN FIVE GENERATIONS OF ONE AND THE SAME FAMILY.—M. R. Sabouraud gives a history of the above cases, three of which were under his direct observation. In all the cases the lesions were alike. They corresponded to the type described by Behrend under the name of moniliform aplasia, and by Crocker under the name of monilethrix. The disease is always congenital and is never transmitted otherwise than by heredity. Bacteriological examinations were always negative and the cultures sterile. McCall Anderson, Payne, and Hallopeau have observed similar cases and noted the transmission of the disease by heredity.

SECRET SPECIFICS FOR INEBRIETY.—Dr. Norman Kerr says: One so-called remedy consists of fourteen different drugs, dispensed twice a week, at a Continental dispensary; two secret specifics claimed to cure 100 per cent. He had hopes of meeting with some which would guarantee 101 per cent. of cures.

The composition of these magical medicaments is carefully concealed, the ingredients of some of them being changed frequently to baffle analysis. There ought to be legislation compelling stability in the composition of all pharmaceutical preparations, with registration and an open statement of the contents.—*Times and Register.*

GOLDEN WEDDING OF DR. AND MRS. A. N. BELL.—A well-spent, useful, and honorable life is a man's highest title to praise. The completion of fifty years of married life is the consummation and perfection of domestic happiness. The inestimable privilege of half a century spent with the partner of his joys and cares has

been that of our esteemed colleague, Dr. A. N. Bell, of Brooklyn, who celebrated the occasion on November 22d. Dr. Bell has long been known not only as a physician, but also as a sanitarian and editor of the journal of that name devoted to the interests of prophylactic medicine. Such a day is the happiest and most sacred in a person's life. May the doctor and Mrs. Bell be spared to live beneficent years, and, when the toils and cares of this life are ended, may they enter into an eternal rest!

Dr. Sundberg, late editor of the Pacific Medical Journal, has been appointed United States Consul at Bagdad.

A Painful Incident.—A correspondent of the Vienna Abendblatt is responsible for the following statement: One morning the medical superintendent of a large lunatic asylum requested an attendant to hand him a pair of scissors. Perceiving something unusual in the aspect and demeanor of his chief, the attention of one of the physicians was drawn to the circumstance, when he was both surprised and alarmed by the announcement from the lips of the superintendent that it was his intention to open the skulls of some of his patients in order to ascertain the exact condition of their cerebral development. It thus became evident that the brain which had been for so long responsible for the medical oversight of the afflicted inmates of his asylum had itself become deranged,—a circumstance not unique in the history of neurological research.—*Lancet.*

New Discoveries of Alkaloids in Plants.—Among the latest discoveries, we may notice that of glaucine, which has been obtained by J. A. Battandier from the sap of the leaves of *Glacium luteum;* ephedrine, from the root of *Ephedra monostachya*, by P. Spehr, and from *Ephedra vulgaris* var. helvetica, by Najaï, of Tokio; lupanine, from *Lupinus angustiflorus*, by Hagen, and by A. Soldani from *Lupinus albus;* aristine, from *Aristolochia argentina*, by O. Hesse; aristolochine, from *Aristolochia serpentaria*, by Chevallier; pillijanine, from *Lycopodium saururus*, by Arata and Canzoneri. It will be noticed that most of these discoveries are by German chemists.—*Bull. of Pharmacy.*

M. Pasteur will attain the age of seventy on December 27th. A subscription has been opened by a committee of the Society of Physical and Chemical Sciences, at Copenhagen, to offer him a medal on that occasion. The well-known Danish brewer, Mr. Jacobson, takes an active part in this movement, in recognition of the immense services rendered to the brewing industry by M. Pasteur's researches regarding fermentation.—*British Med. Journal.*

Prize Essays on the Action of Alcohol and its Value in Disease.—The American Medical Temperance Association, through the kindness of J. H. Kellogg, M.D., of Battle Creek, Mich., offers the following prizes:—

First. One hundred dollars for the best essay "On the Physical Action of Alcohol, Based on Original Research and Experiment."

Second. One hundred dollars for the best essay "On the Non-Alcoholic Treatment of Disease."

These essays must be sent to the secretary of the committee, Dr. Crothers, Hartford, Conn., on or before May 1, 1893. They should be in type-writing, with the author's name, in a sealed envelope, with motto to distinguish it. The report of the committee will be announced at the annual meeting, at Milwaukee, Wis., in June, 1893, and the successful essays read.

These essays will be the property of the Association, and will be published at the discretion of the committee. All essays are to be scientific and without restrictions as to length, and limited to physicians of this country.

Address all inquiries to T. D. Crothers, M.D., Secretary of Committee, Hartford, Conn.

Obituary.—Dr. Frederick Jones, A.M., died at New Ipswich, New Hampshire, July 6th, after an illness of five months, caused by *la grippe*, contracted while engaged in his professional duties. He was born in Dublin, New Hampshire, and was the son of Captain John Jones, an army officer in the War of 1812. After preparatory studies at the New Ipswich and the Exeter Phillips Academies, he entered Dartmouth College, remaining less than two years, leaving to enter Harvard College, where he graduated in the class of 1835. Serving as a school-teacher two years in South Carolina and Georgia, he was next employed as an instructor in the Philadelphia Blind Asylum for about one year; later, while in that city, he translated Rotteck's "German History of the World" into English, consisting of four large volumes; he also translated a German geometry and other works for the press.

He attended medical lectures at the Pennsylvania and Jefferson Medical Colleges, also at the New York Medical University, and received his degree at the Dartmouth Medical College.

Dr. Jones first located in Ashburnham, Massachusetts, but soon removed to New Ipswich, New Hampshire, where he married a daughter of Dr. Stillman Gibson, and proved himself a worthy disciple of Æsculapius by a continued practice of nearly fifty years.

The degree of A.M. was conferred upon him in 1859 by both Harvard and Dartmouth Colleges.

Dr. Jones served in the State Legislature, on the School Board, as a Trustee of Appleton

Academy, and as a Director in the New Ipswich Savings Bank.

DINNER AND RECEPTION.—Dr. J. H. W. Chestnut, a well-known practitioner in the northeastern section of the city, who is chairman of the Medical Club Committee, and who has recently returned from an extensive trip through Europe, was, on November 16th, tendered a reception and dinner by members of the medical profession.

Dr. L. Webster Fox presided, and among those present were Drs. J. G. Allen, J. M. Anders, E. F. Apeldorn, Wm. Easterly Ashton, William B. Atkinson, J. M. Barton, Thomas J. Beatty, W. G. Bobb, A. H. Boyer, Franklin Brady, Joseph W. Brockbank, Wilson Buckby, J. Moore Campbell, L. S. Clark, H. C. Clapham, Roland G. Curtin, J. M. Da Costa, Lemuel J. Deal, J. B. Deaver, Judson Daland, M. De Ford, H. Duffield, J. J. Entrekin, George B. Evans, G. G. Faught, William H. Faunce, William N. Ferguson, D. S. Ferguson, Frank Fisher, Henry Fisher, J. M. Fisher, George Friebis, T. Chalmers Fulton, John Gilbert, William Goodell, George Hall, John C. Hall, H. A. Hare, W. J. Hearn, William Hilt, W. H. Heck, T. Hetherington, Barton C. Hirst, Aquila Hoch, Joseph Hoffman, W. C. Hollopeter, J. T. Hoskinson, W. G. Howell, A. L. Hudders, A. H. Hulshizer, G. R. Hulshizer, C. B. Hunterson, F. G. Ibach, C. J. Jones, Robert B. Judge, Kelley, J. H. Kerr, P. D. Keyser, R. Kindig, R. H. Lackey, E. La Place, D. W. Levy, John H. Lock, L. F. Love, David C. Lyman, I. MacBride, Robert MacMullin, R. H. McCarny, Robert McCreight, William C. McFettridge, W. McIntyre, Robert McNeil, Charles K. Mills, A. K. Minich, E. E. Montgomery, T. S. K. Morton, P. F. Moylan, C. P. Noble, W. J. O'Brien, Daniel O'Callaghan, William H. Pancoast, J. J. Parker, E. K. Perrine, William Pepper, A. T. Pollard, Alex. Ramsay, J. B. Reynolds, G. Oram Ring, S. D. Risley, David H. Ross, Thomas Saltmarshe, T. B. Schneidemann, Schneider, D. H. Schuyler, G. E. de Schweinitz, Louis F. Segrest, C. J. Seltzer, John V. Shoemaker, C. J. Siglinger, George Sinnamon, S. MacCuen Smith, W. V. Stansbury, S. R. Stirling, I. P. Strittmatter, John Stroebel, Henry Sykes, Charles S. Turnbull, J. Van Buskirk, W. H. Warder, Charles B. Warder, J. Edward Wallis, P. G. A. Weber, Alexander Wilson, E. Ellsworth Wilson, M. J. Wilson, H. Augustus Wilson, H. C. Wood, William Zentmayer, S. Lewis Ziegler, G. Hudson McKuen, M. A. Wood, and Professor E. J. Houston.

After an elaborate *ménu* had been discussed, Dr. Fox, as toast-master, in a complimentary speech, proposed the health of the guest of the evening, Dr. Chestnut, who was greeted with a round of applause.

Dr. Chestnut responded in his usual happy vein, and, during his remarks, incidentally referred to the labors of the Board of Health in endeavoring to eradicate from the city the germs of contagious diseases. He spoke of Gunner's Run as a fruitful source of infection, and advocated an enlarged Board of Health to cope with the duties required of such a body. The medical profession, he said, should take hold of the subject, and the Medical Club, which is in an embryonic state, in particular.

Other toasts responded to were: "The University of Pennsylvania," by Provost Pepper; "Jefferson Medical College," by Professor E. E. Montgomery; "Medico-Chirurgical College," by Professor William H. Pancoast; "The Laity," by Professor Edwin J. Houston, and "The Medical Club," by Professor H. C. Wood.

Remarks were also made by Professors H. A. Hare, H. Augustus Wilson, C. K. Mills, Peter D. Keyser, and others.

The Committee of Arrangements comprised Dr. T. Chalmers Fulton, Chairman; Lemuel J. Deal, M.D., Secretary; Dr. A. H. Hulshizer, Treasurer; Professor H. C. Wood, M.D., Drs. A. K. Minich, J. M. Barton, James Van Buskirk, Henry Sykes, Frank Fisher, George E. de Schweinitz, Wilson Buckby, and L. Webster Fox.—*Public Ledger.*

DR. ALLEN A. JONES, of Buffalo, describes, in the Buffalo Medical and Surgical Journal for October, 1892, a case of hysteria probably associated with gastric ulcer, the patient being a woman 20 years of age. The chief points of interest in the case were hysterical cough, trance, convulsions, fainting spells, œsophageal stricture, paralysis of right leg, associated with profuse hematemesis, persistent vomiting, regurgitation, and nervous belching.

FASTERS IN HISTORY.—Le Progrès Médical says: "Succi, the famous faster, has invented nothing new, and has had predecessors in his career. La Liberté mentions an instance. During the pontificate of Clement V, in 1306, a Frenchman in the papal service made a pilgrimage to Jerusalem. Upon his return from the Holy Land he ceased to eat, or, at least, he was never seen to take nourishment. He pretended to live without eating for two years, and was looked upon as a saint. Later, a revulsion of opinion occurred; he became suspected of witchcraft and magic, was publicly flogged, and exiled from Rome."

ASSASSINATION OF A PHYSICIAN.—We learn from Vratch, says El Siglo Medico, the details of the brutal murder at Kwalinsk of Dr. Moltchanoff. The victim was in charge of an ambulance service for patients attacked by cholera. When tumult first arose his friends besought him to

withdraw from the place, but Moltchanoff considered that duty forbade him to desert his post. The disorder augmented and the populace began to demand the head of the physician, whom they nicknamed Doctor Cholera, and accused of having poisoned the city's water-supply. Dr. Moltchanoff was finally compelled to fly, and concealed himself in the house of a friend. His retreat was discovered. The mob, more furious than ever, surrounded the house and threatened to burn it to the ground unless Dr. Cholera was delivered to them. After a resistance of several hours the fanatics forced an entrance, seized their prey, and, carrying him into the street, beat him until at length he died upon the sidewalk. They then broke his skull with repeated blows, and ended by dragging the corpse along the ground.

The governor has bestowed a pension upon the widow and children of the murdered physician, who died the death of a martyr in the discharge of the sacred duties of his profession.

THE American Gynæcological Society elected the following officers for the ensuing year: President, Theophilus Parvin, of Philadelphia; Vice-Presidents, William H. Parish, of Philadelphia, and William H. Baker, of Boston; Secretary, H. C. Coe, of New York; Treasurer, M. D. Mann, of Buffalo; Council, E. B. Brown, A. P. Dudley, E. C. Dudley, Willis Ford; Honorary Members, Robert A. Battey, of Rome, Ga., and Professor Morisani, of Naples.

The next meeting will be held in Philadelphia, on the third Tuesday in May, 1893.

NEW PERFUMES.—The flowers of *Chamædorea fragrans*, a plant indigenous to South America, are said to give off a perfume resembling that of Marechal Niel roses, and the Pharm. Zeitung believes will afford a new perfume of refreshing fragrance. The purple blossoms of *Dioclea lasiophylla*, Benth., which grow on the banks of the Magdalena River in Ecuador and New Granada, are also possessed of a sweet scent and are highly prized for their grateful odor.—*Pharm. Record.*

DR. D. L. PHARES, of Madison Station, Miss., one of the most respected citizens of the county, and one of the ablest educators in the State of Mississippi, died not long since at his home.

THE fourth annual meeting of the Tri-State Medical Society of Tennessee, Georgia, and Alabama, was held in Chattanooga, October 25, 26, and 27, 1892.

THE formal installation of Professor Virchow, as Rector of the University of Berlin, took place on Saturday, October 15th. The subject of his inaugural address was "How to Prepare for the Study of Natural Science."

DR. SENN, in a recent clinical lecture, expressed himself as being satisfied that catgut is the only suture necessary to approximate and maintain any fracture of the patella until union has taken place.

BOOK REVIEWS.

The International Magazine Pocket Visiting-List; Sixty Patients Each Week; 1893. Arranged for the use of practitioners. By J. C. WILSON, M.D., Physician to the German Hospital, etc. Philadelphia: J. B. Lippincott Company.

This useful assistant to the physician's work is of convenient form, containing columns for names, addresses, charge, page of ledger, and diagnosis, in addition to those in which visits are to be marked. A number of valuable tables, as of doses, formulæ for hypodermic medication, rectal suppositories, drugs for inhalation, incompatibles, poisons and antidotes, urinary tests, etc., are also included.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and subjects. Vol. xiii. Sialagogues—Sutugin. Washington: Government Printing Office, 1892.

The thirteenth volume contains 9751 author-titles, representing 4213 volumes and 6806 pamphlets. It also contains 13,498 subject-titles of separate books and pamphlets and 29,896 titles of articles in periodicals. All the volumes of this publication are of very great utility to the student investigating the literature of any subject pertaining to practical medicine. The index is arranged with numerous cross-references, so that the various ramifications and relations of a topic can be readily followed out. At the same time, the scholar learns where he may consult volumes which may be inaccessible at the place of his residence. As usual, the typography is excellent.

Regional Anatomy in its Relations to Medicine and Surgery. By GEORGE MCCLELLAN, M.D., Lecturer on Descriptive and Regional Anatomy at the Pennsylvania School of Anatomy; Professor of Anatomy at the Pennsylvania Academy of the Fine Arts; Member of the Association of American Anatomists, etc. Illustrated by photographs taken by the author of his own dissections, expressly designed and prepared for this work, and colored by him after nature. In two volumes. Vol. ii. Philadelphia: J. B. Lippincott Company, 1892.

Regional anatomy is emphatically the anatomy which the physician and surgeon needs to know. It is possible for the student coming up for his

degree to be master of the origin and insertion of muscles, the lines, foramina, and tubercles upon the bones, the branches of all the arteries, the course, branches, and distribution of the nerves. He may also be able to describe the various viscera. All this, however, is but the beginning of real knowledge. What one needs is to be able to form a mental picture of any portion of the body, from the integument down to the bone. To convey this knowledge is, or should be, the object of every teacher of anatomy; to acquire this practical acquaintance is, or should be, the aim of every student. From his experience as a teacher and skill as a dissector Dr. McClellan has prepared a valuable work. The volume before us describes the abdomen, groin, pelvis, perineum, hip, and other important and difficult regions. The text is lucid and exact, without being redundant. The plates, being photographs, are as near to nature as any representation can possibly be. Nevertheless, they vary considerably as regards clearness. Those, for example, which illustrate fascia, aponeurosis, or other form of fibrous tissue, are rather dull, and lack the more defined perspective of others in which the colors are more bright. This work should be of decided assistance, both to the physician and surgeon.

Text-Book of Ophthalmology. By ERNEST FUCHS, Professor of Ophthalmology in the University of Vienna. Authorized Translation from the Second Enlarged and Improved German Edition. By A. DUANE, M.D. With numerous illustrations. New York: D. Appleton & Co., 1892.

The ophthalmologists have been remarkably diligent of late in bringing forth text-books. Students of this specialty will, nevertheless, be thankful to Dr. Duane for presenting them with an English version of the well and favorably known treatise of Professor Fuchs. The original is characterized not only by scientific accuracy, but also by an exceptional clearness of style. This admirable quality has been well preserved by the translator. Among diseases of the conjunctiva is included a description of pemphigus and lupus attacking that membrane, as well as amyloid degeneration. An important section deals with tumors of the conjunctiva. The chapters on glaucoma, diseases of the retina, and diseases of the optic nerve will well reward perusal. In the chapter upon diseases of the lids the author describes erysipelas, herpes zoster, and eczema of the lids, as well as the abscess, ulcer, blepharitis, etc. Part III treats of the anomalies of refraction and accommodation, and contains a clear and concise account of the optical principles which underlie the comprehension of these affections. Part IV is devoted to operations upon the eye and its adnexa. This work is well adapted to the needs of the general practitioner, whom circumstances may oblige to treat the ordinary inflammatory diseases and wounds of the eye, no less than to those of the special student. Paper, typography, and engravings are of the finest.

Tuberculosis of Bones and Joints. By N. SENN, M.D., Ph.D., Professor of Practice of Surgery and Clinical Surgery in Rush Medical College; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon, Presbyterian Hospital, etc. Philadelphia and London: The F. A. Davis Company, 1892.

This is an interesting and important contribution to our knowledge of a most important subject. The disastrous consequences of a tardy recognition of this class of diseases are most lamentable. On the other hand, the unspeakable benefit of judicious treatment early adopted is in itself a high reward to the conscientious practitioner. None is better fitted, by the range of his learning, his ample experience, and his practical skill, to discuss the subject of surgical tuberculosis than Professor Senn. Bacteriological and inoculation experiments have proved the tuberculous character of most of those affections of bones and joints formerly known as strumous. Though trauma may play a conspicuous part in their production, it is only by favoring the development of a bacillary disease. Its rôle is but subsidiary or accessory. The author describes the bacillus tuberculosis, the histology and histogenesis of tubercle, and the phenomena of caseation, after which he devotes a chapter to a consideration of the symptoms and pathological anatomy of tuberculous localizations. Chapter XXII is devoted to the tuberculin treatment, of which he disapproves. Of Professor Klebs's tuberculocidin the author is skeptical, and not inclined to give this or any other specific remedy for tuberculosis further trial until their therapeutic value has been fully established by experimental research. The chapter on hip-joint disease is instructive and practical. The book is profusely illustrated with excellent plates, and cannot fail to prove of value to the attentive reader.

Acne and Alopecia. By L. DUNCAN BULKLEY, M.D., Professor of Diseases of Skin, New York Post-Graduate Medical School, etc. Detroit: George S. Davis, 1892. Physicians' Leisure Library.

The author treats of two common diseases which are responsible for a degree of mental distress out of all proportion to their actual severity. Under the general title of acne he includes a number of distinct affections, as seborrhœa, comedo, milium, sebaceous cysts, rosacea. The treatment of acne is divided into

general and local, and, in addition to the general principles, Dr. Bulkley gives, in an appendix, a number of formulæ which he has found of service. The causes of baldness are enumerated in Chapters VI and VII. The general and local treatment is discussed at length, and the book concludes with a short description of alopecia areata, which the author regards as of neurotic origin.

Fissure of the Anus and Fistula in Ano. By LEWIS H. ADLER, JR., M.D., Instructor in Diseases of the Rectum in the Philadelphia Polyclinic and College for Graduates in Medicine. Detroit: George S. Davis, 1892.

Anal fistule occasions so much annoyance that any work which assists the physician in the successful management of the affection should be welcome. Dr. Adler has thoroughly described the etiology, anatomy, symptoms, and methods of treatment, both palliative and radical.

Text-Book of Nervous Diseases, being a Compendium for the Use of Students and Practitioners of Medicine. By CHAS. L. DANA, A.M., M.D., Professor of Nervous and Mental diseases in the New York Post-Graduate Medical School and in Dartmouth Medical College, etc., etc. With 210 illustrations. Price, $3.25. New York: William Wood & Co., 1892.

No field of medicine is more difficult than that which deals with disorders of the central nervous system. In this book the author has endeavored, and with marked success, to render the subject as plain as it can possibly be made. The work is midway in size between a small manual and an elaborate treatise. For this reason it will be all the more acceptable to those who approach the subject from the stand-point of general medicine. Dr. Dana's descriptions of disease are clear, his points of diagnosis are well made, and his sections on treatment are instructive.

A Manual of Medical Jurisprudence and Toxicology. By HENRY C. CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia; Member of the College of Physicians of Philadelphia, of the Academy of Natural Sciences of Philadelphia, etc. With 36 illustrations, some of which are in colors. Philadelphia: W. B. Saunders, 1892. Price, $1.25 net.

The author's experience of six years as coroner's physician of this city has furnished him with an abundance of material upon which to draw in the composition of this book. It is very desirable that young men should receive instruction upon those cases which are most apt to lead to judicial investigations. They should thus be enabled to be acute in recognizing the conditions and able to testify with knowledge and conviction. Professor Chapman's book, though but an introduction to a vast subject, is well executed, and can be depended upon as far as it goes. It is of advantage to the beginner to survey the field in a good introductory treatise. For the general practitioner this may be a sufficient guide. Those who may obtain the office of coroner, coroner's physician, or city physician may supplement and extend their knowledge by their own experience and the writings of Taylor, Wharton, Stillé, and others.

Diseases of the Lungs, Heart, and Kidneys. By N. S. DAVIS, Jr., A.M., M.D., Professor of Principles and Practice of Medicine, Chicago Medical College, etc. Philadelphia and London: The F. A. Davis Company, 1892.

This volume is No. 14 of the "Physicians and Students' Ready Reference Series." The different forms of pneumonia, pulmonary tuberculosis, endocarditis, pericarditis, fatty heart, the results of pathological changes in the kidneys, merit our closest study. Professor Davis has given us a work in which these important topics are clearly and concisely described, avoiding, as far as possible, controversial points, and with an especially full consideration of the subject of treatment.

Addresses and Essays. By G. FRANK LYDSTON, M.D., Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology in the Chicago College of Physicians and Surgeons, etc. Second Edition. Revised and enlarged. Published by Renz and Henry, Louisville, Ky.

Dr. Lydston is well known as a man of original thought, of wide learning, ample experience, and exceptional literary ability. His essays relate to such important subjects as gonorrhœa in women, aberrant sexual differentiation, studies of criminal crania, syphilis, sexual perversion, etc. His views are always the result of conviction, are forcibly expressed, and the book is one from which one may imbibe new ideas.

Over 1000 Prescriptions or Favorite Formulæ of Various Authors, Teachers, and Practicing Physicians, the whole being carefully indexed and including most of the Newer Remedies. Price, $1. Published by the Illustrated Medical Journal Company, Detroit, Mich.

Dr. Leonard has brought together in this book many of the "favorite prescriptions" which have appeared during the last five years in the journal of which he is the editor. The formulæ have been collected from numerous American and foreign sources, and are so arranged by means of an alphabetical order of diseases and an index as to be easily consulted.

Diabetes, its Cause and Cure. By EMIL SCHNEE, M.D., Kur Physician in Carlsbad; Consultant Austro-Hungarian Konsulat in the Riviera and Monaco; Knight of the Order Frederic of Wurtemberg, etc. Second Edition. Stuttgart, 1890.

In this work of nearly two hundred pages the author addresses himself to a large class of the profession, with the statement that diabetes is a permanently curable disease; that, as a result of his large experience, and by careful inquiry into the genealogy of his patients he has been enabled to trace its origin to syphilis; and that he believes the disease causes a degeneration of the protoplasma, evidenced by scrofulous glands, pigmentations, and degenerations of the skin, warts, boils, carbuncles, brittle and discolored nails, to be always and the only cause, however remote, of this always serious disease.

He carefully differentiates between glycosuria and true diabetes mellitus, and regards, with Ebstein, the relatively small amount of carbonic acid produced in the tissues as the cause of the sugar formation in the latter disease. True diabetes the writer regards as constitutional, glycosuria as accidental.

Valuable chapters are devoted to the consideration of the characteristics, classification, etiology, diagnosis, prognosis, and complications of this disease, giving the views of the leading German, English, French, and Russian physiologists and specialists.

Special attention is given to the therapy. The objects of treatment are to promote tissue-change; to build up constitutionally the protoplasmic elements, the tendency to destruction of which the author claims is inherited; to reduce sugar formation by careful observance of the measures laid down in the work, and to put the economy under conditions favorable to recovery.

The treatment consists of hygienic, dietetic, and medicinal measures. Great stress is laid on proper exercise in the open air, baths, deep breathing, massage, electricity, etc. A *résumé* of the diets recommended by various authorities is given.

The author recommends saccharine to be used in place of sugar, and especially forbids the use of the latter, dishes or sauces prepared with flour, potatoes, chestnuts, sweet fruits, and asparagus,—which last many others allow.

Under the title of specifics, opium, and especially codeine, belladonna, cannabis, calabar, ergotin, strychnine, etc., are mentioned. Also, salicylic and carbolic acids and injections of pilocarpine, which last the author regards as a good palliative.

The chromate of potash and mercurial preparations internally, as well as applied externally, as recommended after the baths, have been specially efficient.

As roborantia, preparations of iron, quinine, and codliver-oil are recommended.

The Carlsbad waters, together with the other hygienic and dietetic measures embraced in the Kur, constitute one of the most important features.

The doctor appends a series of twelve cases of diabetes which occurred in his practice in 1881. Under appropriate treatment, varying from four to ten months' duration, the urine remained free from sugar and all the patients in perfect health up till 1887,—thus a period of six years.

These cases embrace children of 12 or 13 years, middle aged and elderly persons.

Money. By EMIL ZOLA. Translated from the French by BENJ. R. TUCKER. New York: Worthington Company, 747 Broadway.

A very interesting story, described in the usual vivid manner by this well-known author, and abounding in beautiful expressions throughout the work. It is a novel that combines the interesting with the practical, and will give much gleaning to every reader.

All Around the Year 1893. Entirely new design in colors by J. PAULINE SUNTER. Printed on heavy cardboard, gilt edges, with chain, tassels, and ring. Size, 4¼ by 5½ inches. Boxed.

The "All Around the Year" calendar which Mrs. Sunter sends out this year is as charming a piece of work as anything she has done. Like its predecessors, it is printed on heavy cardboard, gilt edged, with chain, tassels, and ring, and is of convenient size. The designs are fresh and delightful, quaint and picturesque little lads and lassies issuing in each month with just the right words and in the most charming attitudes, while the lines on the cards combine to form a very pleasing love story.

With Columbus in America. A novel by C. FALKENHORST. Adapted by ELISE L. LATHROP. Illustrated. New York: Worthington Company, 747 Broadway.

The author has presented a novel which will both interest and educate the reader at the same time. The historical is well blended with the story that is especially well written. The illustrations are so good that they would alone repay the purchaser for the small cost of this volume.

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